	1.	FOR STATE REGISTRAR		DEPARTA	AENT OF H	EALTH A	RYLAND AND MENTA OF DEATH	44.00		3	2 9	0 4
		CEASED NAME	FIRST	WIDDLE	(AST			REG. NO.	ONTH	DAY YEAR	2h HOUR
	(TYPE	E OR PRINT)	E116	en V.	Adan	ns			December 14	10	01	
1	3. SE	X		4. RACE	5 DATE C				6 AGE (IN YEARS LAST BIRTHE		IF UNDER 1 YEAR	11:45aM
)	F	Female		White	Dec	4	191		64	YRS.	MONTHS DAYS	HOURS MIN.
81-		IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8				9 BALTIMORE CITY OR		OF DEATH	
5/5		alifornia		USA	WIDOWE		VER MARRIE DIVORCE		Prince Georg	10		MD.
pa	10 C	ITY OR TOWN OF DEA	ATH	11. NAME OF HOSPITAL, NURSIN	G HOME C				120 USUAL OCCUPATION	V		F BUSINESS OR
Though The		Riverdale		Leland Memori	al				Housewife	VORKING LIF	E) INDUSTRY	
かん	13a. S	STATE	13b COUP	TOTHER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Foresty.	N		IDE CITY LIM		13e STREET ADDRESS 5497 Penna	7\ ••	ranua	
Der	14 F/	Md.	PG	Forestv	ттте	YES [HER'S MAID			. Av	enue	
E A	-	FIRST		Sulley			FIRST		nknown		LAS	iT.
Col		WAS DECEASED EVER	IN U.S. AR		RITY NO.	17 INFO	RMANT	- 0.	ADDRESS			
med	(YES, NO OR UNKNOWN)	(IF YES, GIV	Unknown		Byr	on D	A	dams, Same	as	Above	
or other troumatic event, th		18 CAUSE OF DEATH W A D D Conditions, if any, gave rise to imm cause (a), statin underlying cause	which	Due to, or as a conseque	NCE OF		rita (y Fai lundiovasculo	e Jean	APPROX BETWEEN M1	IMAJE INTERVAL ONSET AND DEATH OF THE
any injury, a	CERTIFICATION	DIA DELLES	Mil	conditions contributing to dital Reval Fo	cilur	-6,	Con	P-95	The heart	Ob. IF YES	WERE FINDIN	n-e MIO
Swo /	TEK	NIA							YES NO		YING CAUSES	OF DEATH?
fem 18 sh	EDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DE	HOUR A.M. MONTH DA	Y YEAR	21c. HO	W INJURY C	CCURR	ED (ENTERNATURE OF INJURY H	N ITEM 18. P.	ART 1 OR PART 2)	
morked or	MED	21d. INJURY OCCURE WHILE AT WORK NOT WH AT WORK	HE [7]	71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC }		STREET		CITY OR TOWN		COUNTY	STATE
21 is		saw the decease above, (I) (we) (a	d alive an	tal) attended the deceased from 19 1) view the bady after death.	1		(my) (aur) a	79 Ipinian d	to 12/1	_	and from the	
NT: # fee		27b. SIONAJURE	20	Celm	_	DEGREE			MEDICAL STAFF DIRECTOR PHYSICIA	и 🗆	12c. DATE	14-81
RTA		22d. PHYSICIAN'S NA				22e. AD	DRESS					
N P		Paul A.	Dev	ore, M.D.		6.	525 Be	lcre	est Rd., Hyai	ttsvi	11e, M	d. 20782

DHMH-16 30M 2/B0 (VRA 15, 4)

BP

Paul A. Devore, M.D. 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

6525 Belcrest Rd., Hyattsville, Md.

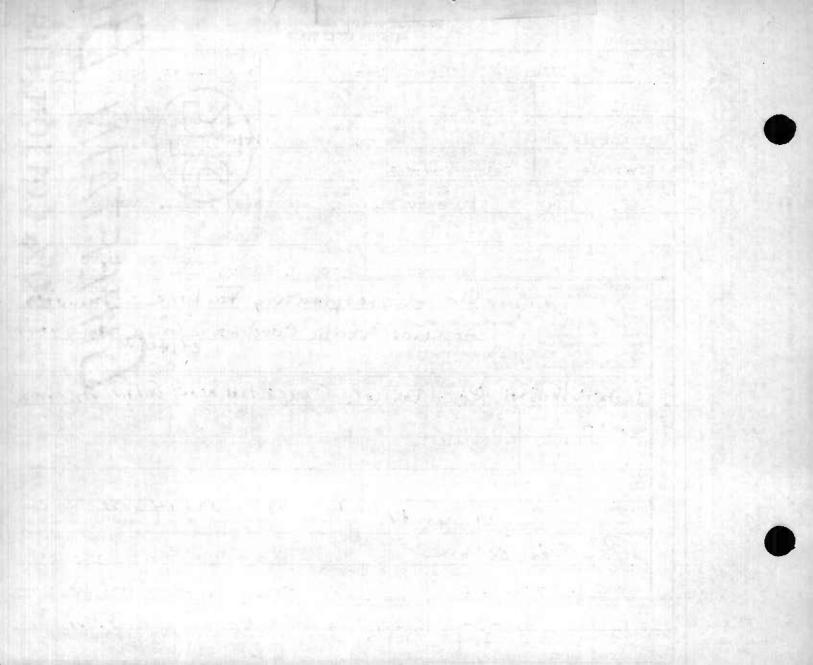
ERY OR CREMATORY 23d. LOCATION CITY OR TOWN

11 Crematory Suitland, P.G. 23c. NAME OF CEMETERY OR CREMATORY

20782

12-15-81 Cremation elm 4308 Sui Suitland, Md 24. FUNERAL DIRECTOR Robt 250. DATE REC'D. BY REGISTRAR 258 REGISTRAR'S SIGNATURE

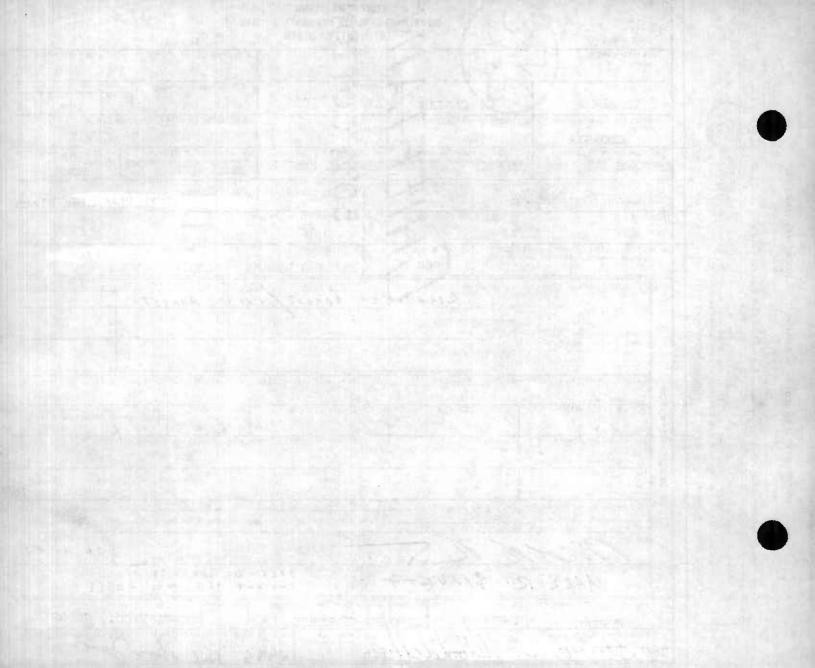
Rd., Funeral Home

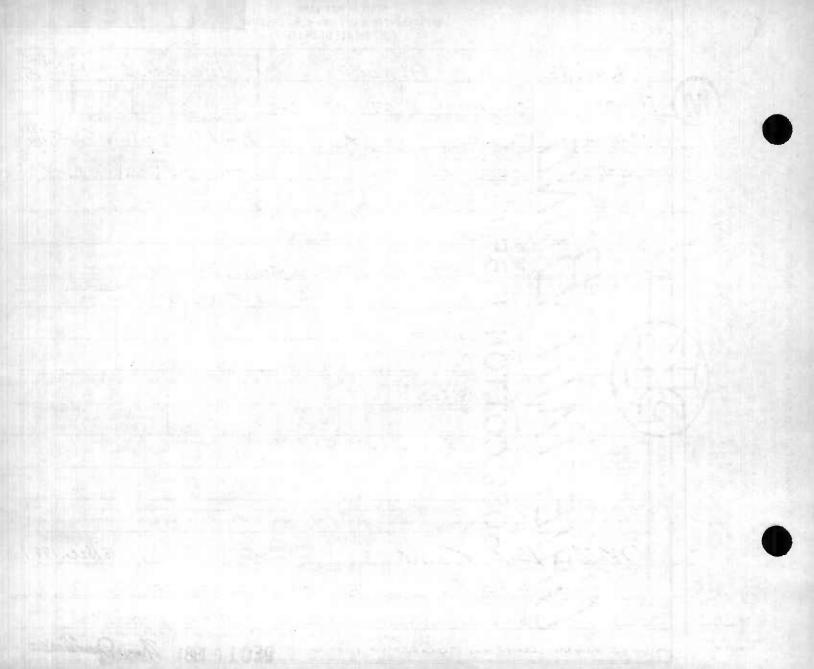


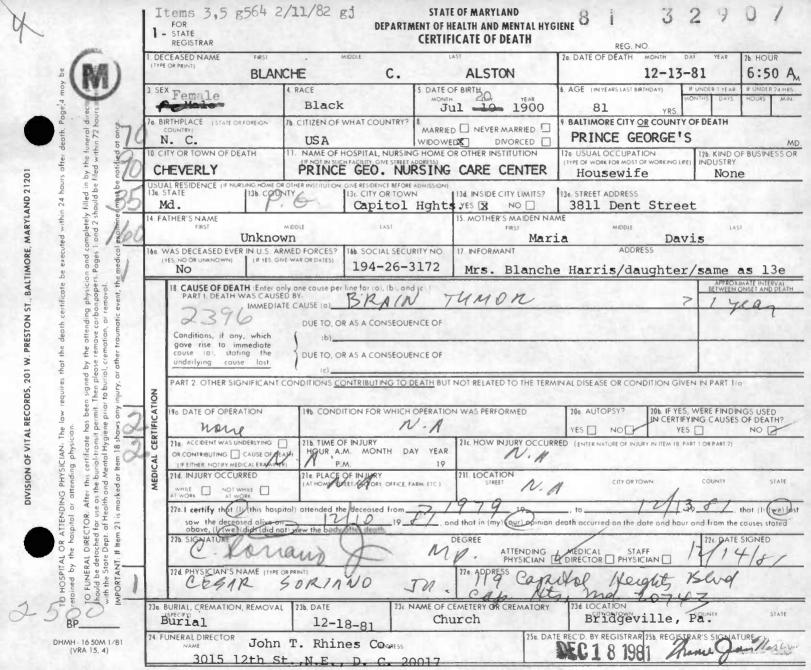
2847 Wilson Blvd., Arlington, Virginia

(VR A 15 (4))

STATE OF MARYLAND



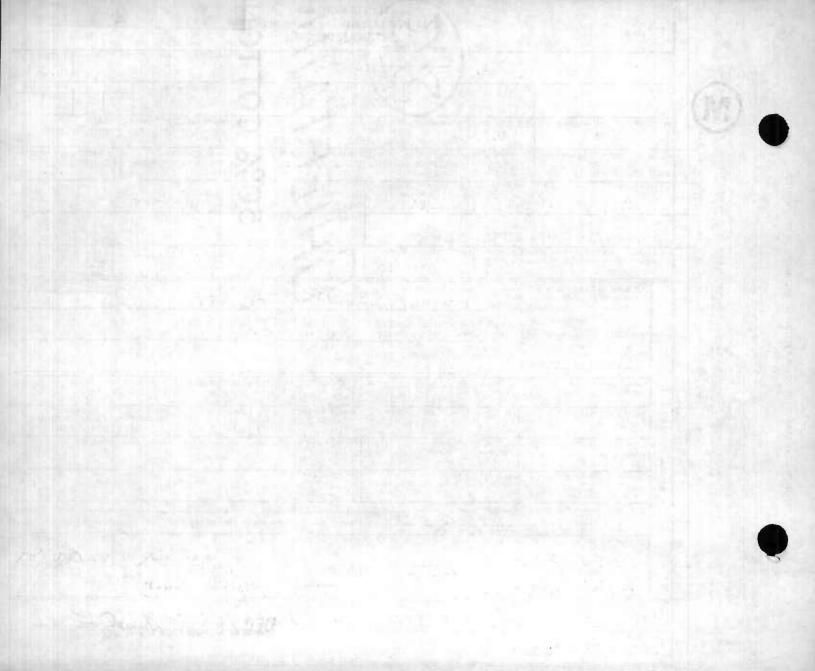




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MANAGED IN SINCE MANY		094-39-173		
Dan Zie		a XIII		
TOS I.M. EAF FOR IE 100 ZOFIE	3231 SUPER		HELSON GOODW	
THE STATE OF THE S	HATE TOTAL		CUEVEINOUS FRANCIS COMPRESSION	

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10		FOR STATE								MENTAL			•) 4	1	0	/
		REGISTRAR	FIRST				EXAMI	NEK'S	CERTIF	ICATE (OF DE	ATH	REG. N	10.			
		CEASED NAME E OR PRINT)	FIK51			WIDDLE			LAST			20. DATE K	NOWN FSTI-	HTMOM X	DAY	YEAR	26 HOUR
A 55 A 5			NATHANI		NM	I		NDER				OF DEATH A	MATED	Dec	11	19 81	6:43m
200	3. SEX		4 RACE	S. DATE OF	F BIRTH	YEAR	6 AGE (IN	YEARS IF	UNDER 1 YR	HOURS	R 24 HRS.	2c. DATE	TED.	HINOM	DAY	YEAR	2d HOUR
SE FINA	Ma		Black		16 1		51	YRS.	The state of the s	HOOKS	MIN.	DONEAD		Dec 11		1981	6:47
93 75 7	7a 81	RTHPLACE (STA	ATE OR	76. CITIZEN	N OF WHA	AT COUN	TRY?	8. MAI	RRIED X	JEVER MARI	RIED 🗌	9. BALTIMO	RE CITY	OR COUN	TY OF D	EATH	
SES SOL	-	ORGIA		USA					OWED [DIVOR	CED 🗆	PRINCE	E GEO	ORGE 'S	CO	UNTY	MD.
35050	10 CI	TY OR TOWN	OF DEATH				RSING HO		THER INSTIT	TUTION	12a USI	MAL OCCUPA	ATION (T	YPE OF WORK	12h KIN	ND OF BU	SINESS
3727648		drews A		MALCO	OLM G	ROW	USAF	MEDI	CAL CE	ENTER		ARMY	NG tire)			ITARY	
A CORED DIS	WSUA 13a S	L RESIDENCE (IF IN NURSING HOME (OR OTHER INSTIT			OR TOWN		Isa incini	E CITY LIMITS?	liza STD	REET ADDRES	c				
SE AN SE		RYLAND		E GEOR					RO YES 5	NO [L2 WASH		ON AT	/E		
0 FA25	14 FA	THER'S NAME		MIDDLE			last		15. MOT	HER'S MAID						LAST	
A 25 25 00		C LIKSI		MIDDLE	A		rson		CHRI	STINE		MIU	DIE	Aı		rson	
NO OR STAND	16a. W	AS DECEASED	EVER IN U.S. AR	MED FORCE WAR OR DATES	S?		TAL SECUE	RITY NO.	17. INFO			91	1 109 REG	ASHIN			
S AFT GIVE TH P PAGE VISIO	YES			ean	,	254	-44-5	463	EULA	MAE	ANDER	RSON UI					
WIT. P.		18 CAUSE OF	DEATH (Enter on	ly ane cause	per line fo	ar (a), (b)	, and (c).)							2200	AP	PROXIMATE	INTERVAL AND DEATH
ON ST. 24 HOK ITEM 18 IONG PERMIT GIENE, WAL.		PARTIDEA	ATH WAS CAUSE	D 8Y: TE CAUSE (d	Wis	tern	rock	200%	ic. Ca	relid	Vas	rouley	de	reac	BEIW	VEEN ONSET	AND DEATH
W. PRESTON WITHIN 24 H ENCIL IN ITEM MINER ALON TRANSIT PER NITAL HYGIEN OR REMOVAL		42	72			SACOK	SEQUENC	E OF		1	-14-5						
PRE FER ANS AL H REA	-		s, if any, which) (b	2)												
SELECTION SERVICES		cause (a)	stating the under-		TO, OR A	S A CON	ISEQUENC	E OF									
LUTED IN P		lying caus	e last.	((c	:)												
L RECORDS, 201 W. PRESTON ST., BALTIMA ULD BE EXECUTED WITHIN 24 HOURS AFTER "FENDING" IN PENCIL IN ITEM 18. GIVE PA EF MEDICAL EXAMINER ALONG WITH FOR EF AND SA BURIAL TRANSIT PERMIT. PAGES I HEALTH AND MENTAL HYGIENE, DIVISION I AL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10															
RECORDS LD BE EXE PENDING MEDICA MEDICA LEALTH AI	ON	144116	1kmui	w, C	In	2220	- (9 B	st-ru	etine	Nul.	mor	any a	6120	430 1	del	-Cur	din
VITAL RE SHOULD ORD "PE CHIEF A CHIEF	CERTIFICATION	190 DATE OF	OPERATION	196	CONDITIO	ON FOR	WHICH OP	ERATION	WAS PERFO	MED?		1		-	20 A	UTOPSY?	
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD RED TO THE CHIEF RED TO THE CHIEF RED TO THE CHIEF RED TO THE CHIEF RED SHOULD BE USE TO SHOW TO BUSHA	TE								U						Y	ES 🗆	NO I
OF ALE	CER	210 EXTERNAL			TIME OF I		DAY YE	21c.	IULNI WOH	RY OCCURR	ED (ENTER	NATURE OF INJUR	RY IN ITEM 1	8 PART 1 OR PA	RT 2)		
ION O TIFICA' G THE TO TH HOULE HOULE	CAL	UNDERLYING CONTRIBUTIN	IG CAUSE OF		P.M.	MONTH	19	AN									
CERTIFICA TING THE SED TO THE SED TO THE DEPARTM DEPARTM	MEDICAL	21d. INJURY O			PLACE OF			21f (OCATION						17.11		
DI THIS C WARD VARD PAGE TATE (5	AT WORK	NOT WHILE		TACIO	KI, FAKM, EI	()		STREET			CITY OR TOWN	N	CO	YTHU		STATE
DIVISION OF VITAL RE RE THIS CERTIFICATE SHOULD THE WORD "PEI REWARDED TO THE CHIEF W RAWARDED TO THE CHIEF W RE PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA D, 21201 PRIOR TO BURIAL, C		220 Leastify	y that I taak charg	e of the rem	ains descr	ibad aba	vo bold on	Aut	opsy .	Inspectio	- 7	Inquiry	7	ind in my ap	14.		
A TION		death resulter		ral causes	7	Accident		Suicide [nicide .		ermined man		ino in my ap	nean		
FERTING B WITH WITH WITH		00011110110110	1		01/			Soldide L		(SPECIFY)	Olidei	ermined man	mer	,			
MAN WAR		ACTUAL SIGNATURE	1/11/11	188 Y.	-X	ulic	fees,			puty	4450	ICAL EXAMIN	VED.	DATE	1:	2-11	-8/
SEA FINE SEA	_		1//	1		. /	//)						SIGNE			
FIRE CONTRACTOR	100	EXAMINER'S N (TYPE OR PRIN	NAME (Augus	sto P.	Rodi	rigue	ez (W	D.	ADDRESS	5009 R	Raybu	rn Cou	rt,	rempl	e Hi	lls,	Md.
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23a.BU	IRIAL, CREMAT	ION, REMOVAL	3b. DATE		23c. N	IAME OF C	EMETERY	OR CREMA		23d. LC	OCATION OR TOWN					
0/00 BP	(5)	Buria	al	16Dec	2198	7 22	cline	rton	Nati	onal		rling		Aı			a.
DHMH - 17		INERAL DIRECT	FOR		144	Su	iitlä	ind.	Md.	25a. DATE	REC'D. BY	REGISTRAN	756. REC		IC VALU	- 4	12 Com
(VR A15 ME (5))	Ro	bërt I	E. Wilh	elm F	une:	ral	Home	2			DE (1719	181	Man	1		- Augusta
15M 2/80										-			-				

PER LIBERT PROPERTY OF STREET



4339 HUNT PLACE, N. E.

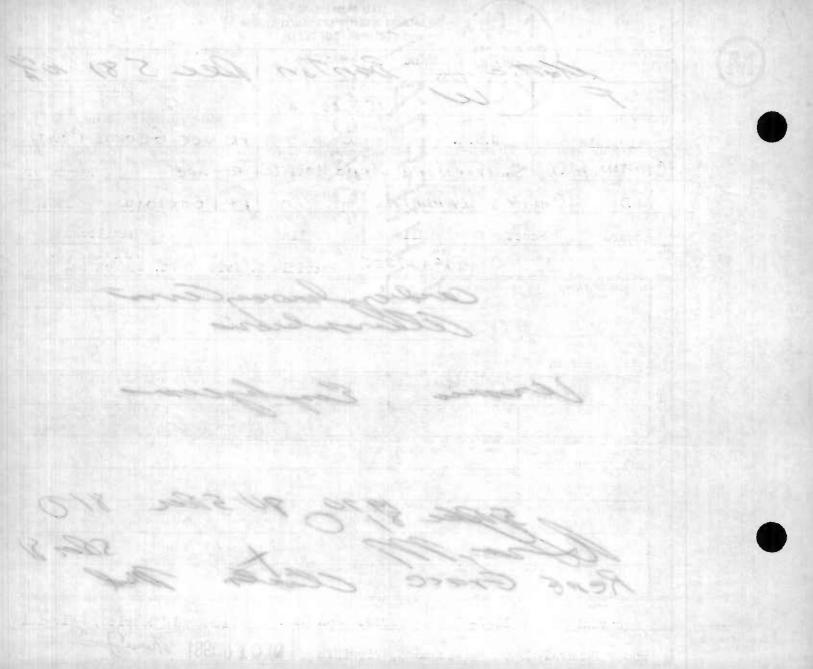
STATE OF MARYLAND

E. F BANKS SW. PANCHT PRINCE GENRESS COUNTY medical page 1 July

Item 5 g562 12/16/81 gj STATE OF MARYLANI FOR DEPARTMENT OF HEALTH AND MEI	
REGISTRAR MEDICAL EXAMINER'S CERTIFIC	ATE OF DEATH REG. NO.
1. DECEASED NAME FIRST MIDDLE LAST (TYPE OR PRINT)	20. DATE KNOWN X MONTH DAY YEAR 26 HOUR
JAMES NICHOLAS BAKER	OF ESTI- DEATH MATED 12-1 19 81
3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER YYR. III	FUNDER 24 HRS. 26. DATE MONTH DAY YEAR 24 HOUR HOURS I MIN. PRONOUNCED 25
MALE WHITE 1-12-0 14 67 YRS.	FOURS MIN. PRONOUNCED DEAD 12-1 1981 9 P.M.
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. MARRIED PINEVE	R MARRIED BALTIMORE CITY OR COUNTY OF DEATH
Maryland USA WIDOWED	DIVORCED Prince George's MD
10. CITY OR TOWN OF DEATH BOWIE 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTE BOWIE BOWIE CONSTRUCTOR STREET APPRESS.	FOR MOST OF WORKING LIFE) OR INDUSTRY
BOWIE HEALTH CENTER	Driver - Metro
USUAL RESIDENCE IN IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 136. STATE 137. COUNTY 136. STATE 137. COUNTY 138. COUNTY 138	
	NO□ 12304 Rambling Lane
Alfred Baker	'S MAIDEN NAME MIDDLE LAST
Alfred Baker 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 186, SOCIAL SECURITY NO. 17, INFORMA	Ida Harding
Alfred Baker 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 578-01-5110 Cathe	Above
NO 18. CAUSE OF DEATH (Enter only one couse per line (a) (b), and (c))	erine Baker, Wife, Same as
18. CAUSE OF DEATH (Enter only one couse per line fc (a), (b), and (c).) PARTI DEATH WAS CAUSED BY: ARTRIOSCLEROTIC CARDIO CARDIO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
MMEDIATE CAUSE (o) AND TO SCLEROTIC CARDIO	WASCULAR DISEASE
IMMEDIATE CAUSE (o) TO THE TO	
gave rise to immediate (b)	
lying cause lost.	
THE CAUSE OF DEATH (Enter anly one couse per line fd(a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-lying cause lost. ON THE LINE OF DEATH (Enter anly one couse per line fd(a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 DTHER SIGNIFICANT (DNDITIDNS (DNTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE DR (DNDITIDN (c)) PART 2 DTHER SIGNIFICANT (DNDITIDNS (DNTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE DR (DNDITIDN (c)) PART 2 DTHER SIGNIFICANT (DNDITIDNS (DNTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE DR (DNDITIDN (c)) PART 2 DTHER SIGNIFICANT (DNDITIDNS (DNTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE DR (DNDITIDN (c)) PART 2 DTHER SIGNIFICANT (DNDITIDNS (DNTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE DR (DNDITIDN (c)) PART 2 DTHER SIGNIFICANT (DNDITIDNS (DNTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE DR (DNDITIDN (c)) PART 2 DTHER SIGNIFICANT (DNDITIDNS (DNTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE DR (DNDITIDN (c)) PART 2 DTHER SIGNIFICANT (DNDITIDNS (DNTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE DR (DNDITIDN (c)) PART 2 DTHER SIGNIFICANT (DNDITIDNS (DNTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE DR (DNDITIDN (c)) PART 2 DTHER SIGNIFICANT (DNDITIDNS (DNTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE DR (DNDITIDN (c)) PART 2 DTHER SIGNIFICANT (DNDITIDNS (DNTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE DR (DNDITIDN (c)) PART 2 DTHER SIGNIFICANT (DNDITIDNS (DNTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE DR (DNDITIDN (c)) PART 2 DTHER SIGNIFICANT (DNDITIDNS (DNTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE DR (DNDITIDN (c)) PART 2 DTHER SIGNIFICANT (DNDITIDNS (DNTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL D	IVEN IN PART 1
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216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY O	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
O SHEDER OF DEATH P.M. 19	
OF CONTRIBUTING CAUSE OF DEATH P.M. 19 216 INJURY OCCURRED 216 PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, FIC.) STREET STREET, FACTORY, FARM, FIC.)	
178. DATE OF OPERATION 178. CONDITION FOR WHICH OPERATION WAS PERFORM 178. C	CITY OR TOWN COUNTY STATE
22a I certify that I took charge of the remains described above, held an Autapsy	Inspection X. Inquiry X., and in my opinion
death resulted fram: Notural causes . Accident . Suicide . Hamicid	
TITLE (SPE)	
SIGNATURE THEGUSTO TO CONCELLE M.D. Dep	
LOS NA STATE OF THE STATE OF TH	
EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS	9 Rayburn Court, Temple Hills, Md.
TITLE (SPE ACTUAL SIGNATURE ACTUAL	Y 236. LOCATION COUNTY STATE
Bullar 12-5-61 Wash. Natl. Cen	Suitland, P.G., Md.
124 FLINEPAL DIPECTOP DO LA TOTAL TO THE ACCOUNT OF THE TOTAL TOTA	Total Date of the state of the
OHMH-17 (VRA15 ME(5)) PUNERAL DIRECTOR ROOT E Wilhelm 4308 Suitland 125 Funeral Home Rd., Suitland, Md.	DEO 7 1001 The REGISTRAR 256. REGISTRAR'S SIGNATURE

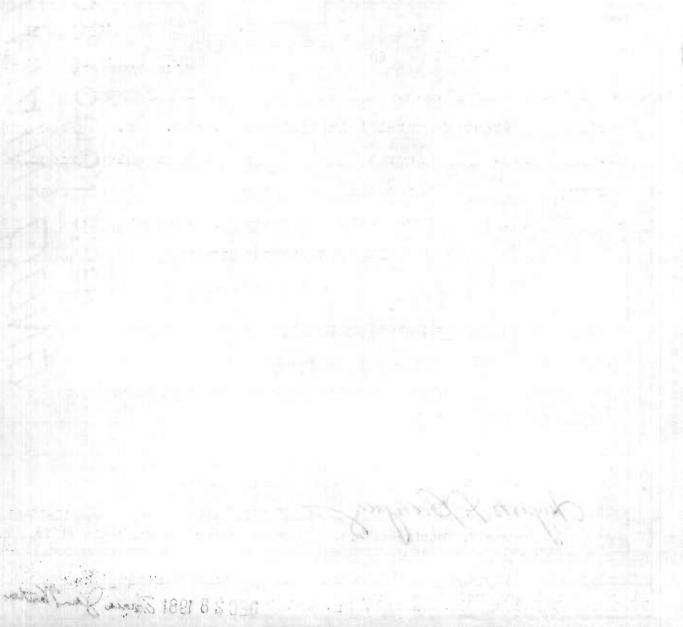
MICHOLAS BAKER INLE MITE 1-66-31 67 SIMP SOUTH HEALTH CENTER APTRIOSCILEROTIC CARDIOVASCULAR DISEASE 12-21

10	_	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF I	E OF MARYLAND LEALTH AND MEN ICATE OF DEA	NTAL HYGIE	NE B	REG. NO.	3 2	9	13
	(M)	1. DE	CEASED NAME OR PRINT)	FIRST	ATTIE	MIDDLE H	ALL 5	BANTON	7	20. DATE OF D	EATH MONT	5 8	YEAR 2	26. HOUR
	ge 4 ector, prirs officers	3. SE	× =	4	RACE	'el	5 DATE (H DAY	YEAR 6	AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS YRS.	_	IF UNDER 24 HRS HOURS MIN.
	deoth. Po	C	RTHPLACE (STATE OR FOOUNTRY) Virginia ITY OR TOWN OF DEA		U.S		MARRIE	D NEVER MAR	RCED	ARIN	-	CV91	1	ounty me
201	by the fune filed within	C	linton, M	D	South	CHFACILITY, GIVE	VIRTY I	or other institu		20. USUAL OC (TYPE OF WORK FO RET I	OR MOST OF WOR		KIND OF USTRY Home	BUSINESS OR maker
AND 21	in 24 hours hould be	13a	AL RESIDENCE (F NUR STATE MD	HE COUNTY	THER INSTITUTION	13c. CITY OR	BEFORE ADMISSION) TOWN ATA	134 INSIDE CITY I			BOX 1	215	2	20646
MARYI	ond 2 s		Edward	Sco			all	15 MOTHER'S MA			WIDDLE	Hamil	ton	
IIMORE,	on and co		VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W	ED FORCES? (AR OR DATES)		SECURITY NO. 5.27.225	17 INFORMANT Patri	cia B.	Ivie	ADDRESS Rt.	LaPlat 1, Box	x 102	2
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	ath certificate ending physicial corban paper. n, ar removal. motic event, th	57.53	4409	IMMEDIATE	BY:	R AS	L.	and so	ere	no c	en		APPROXIMA TWEEN ON	ATE INTERVAL ISET AND DEATH
201 W. PRES	es that the death or red by the attendin please remave carb urial, cremation, ar- r, ar other traumatio		Conditions, if any, gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN	nediate g the lost	(c)_	ONTRIBUTING		NOT BELL ED TO	THE TERMIN	ALMSEAGE (OR CONDITIO	IN CIVEN IN P	PART 1(a)	
CORDS,	been signimit. Then prior to bu	ATION	190 DATE OF OPERAT		2000	cie	HICH OPERATIO	Eas	ED /	20a AUTOP	en	IF YES, WERE		SS USED
ITAL RE	The Ic cron. It has been strong shows	CERTIFICATION	21a. ACCIDENT WAS UND	ERLYING	216. TIME C	OF INJURY		21c HOW INJUR	Y OCCURRE		NO	CERTIFYING C	AUSES O	NO
ON OF V	PHYSICIAN: ending physical this certifical te burial-from ad Mental Hy dor Item 18	MEDICAL (OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTING CONTRIBUTION CO	L EXAMINER)	P	.M. MONTH .M. OF INJURY	DAY YEAR	21f LOCATION						
DIVISIO	TENDING PHORE After the or use as the file and the order of the order the order the order to the	ME	WHILE NOT WE AT WO 22a. certify that (I)	RK -	(AT HOME, ST	REET, FACTORY, O	FFICE, FARM, ETC.)	STREET	000	15	ITY OR TOWN	cour	NIY	STATE
	ATTEN Disputal ECTOR: d for us t, of He m 21 is		saw the deceared obove, (I) (we) (all 27b, SIGNATURE)	d olivetto_	2/100	ofter death.		nd that in (my) () ur	r) opinian de	ath occurred	on the date ar	nd hour and fr	om the co	uses stated
	ITAL by th ERAL State State		22d. PHYSIGNAN'S NA	ME (TYPE OF DE	2	11.	1	ATTE	NDING SICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	3,	2	78/
	TO HOSPITAL TO FUNERAL should be det with the State		Ken	6	61	-00	e	de	in the	27.	1	not		
	BP	23a (BURIAL, CREMATION,	REMOVAL	236. DATE 12-7	01		EMETERY OR CREAT		23d. LOCATI		COUNTY	17	STATE
D	DHMH - 16 50M 7/77	24. FI	Burial UNERAL DIRECTOR		12-7			L Lawii Ct	25a. DATE F		SISTRAR	lenrico EGISTRATIS	IGNOVO)	irginia
	(VR A 15 (4))		Woody Fune	ral Ho	ome	Richn	ond, Vi	rginia	DEC	1 0 19	81	one of	2012-7	Galdena.



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE L DECEASED NAME KNOWN 7h HOLL OF ESTI-JOHN BARCHESKI Sr. C. DEATH MATED 4 RACE 5. DATE OF BIRTH 3. SEX AGE LINYEARS | IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE 2d. HOUR LAST BIRTHDAY) YEAR 7-26-21 MALE PRONOUNCED 59 WHITE 60 DOPEAD 7b. CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Pennsylvania WIDOWED DIVORCED PRINCE GEORGES TEM 18. GIVE PAGES 1, 2, AND 3 TO THE LONG WITH FORM PM. 3. RETAIN PAGE PERMIT. PAGES 1 AND 2 SHOULD BE FILED GIENE, DIVISION OF VITAL RECORDS, 201 ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Laurel Beltsville Hosp. Oper. Mgr. Laure1 Food Ind SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13a STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md P.G Laurel Brooklyn Bridge Rd. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST FIRST Herman Barcheski Helen Oberowski 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166. SOCIAL SECURITY NO (IF YES GIVE WAR OR DATES) Yes W.W. 168-18-3760 Loretta C. Barcheski Same as CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BE USED AS A BURIAL - TRANSIT PERMIT. NT OF HEALTH AND MENTAL HYGIENE, D BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY HYPERTENSIVE CARDIOVASCULAR DISEASE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 CERTIFICATION 19g DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CHIEF TO MEDICAL EXAMINER: THIS CERTIFICATE SF EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BEI AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BUI 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 19 71e PLACE OF INJURY (AT HOME, 71f. LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK AT WORK 27a. I certify that I took charge of the remains described above, held on Autopsy Inspection Homicide Undetermined manner TITLE (SPECIFY) Deputy SIGNED 12-26-81 5009 Rauburn Court, Temple Hills TYPE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 736. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE CITY OR TOWN Gate of Heaven Buria¹ BP Silver Spring Md 14 FUNERAL DIRECTOR FLOWER FLOWER INC. 7601 Sandy Spring Rd. Laurel, 25a. DATE REC'D, BY REGISTRAR **DHMH-17** 207d Md. (VR A15 MF (5) 15M 2/80

STATE OF MARYLAND



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME e DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED Charles Dec.5 1981 Lee Beazlev. 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED Male Dec. 5, 1981 White DEAD Aug.15,1935 46 7g. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY U.S.A Prince George's County WIDOWED [DIVORCED Virginia O CITY OR TOWN OF DEATH 28. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 6523 19th. Place Electronic Tech. Walter Reed Hvattsville USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Inst. of Res. 13a STATE 136 COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Hvattsville YES TO NO [6523 19th. Place Maryland P.G 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Carlton Beazlev Maurice Bessie 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Address Same as 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 229-34-3211 Margaret A. Beazley No# 13e. Yes-AirForce Korea 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Jung Cancinoma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURJAL, YES NO IN E 3 SHOULD BE E DEPARTMENT (PRIOR JO BURLA 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 218 PLACE OF INJURY (ATHOME. II. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinion WITH T Accident Hamicide Undetermined manner TITAE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTHWORE, MA Dec. 6. 1981 MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct. Camp Springs. Md. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Natl. Mem. Park Cem. Falls Church Burial Arlington 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR **DHMH-17** F. Gasch's Sons Funeral Home, P.A. Hyatts, Md. (VR A15 ME (5)) 15M 7/77

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FOR - STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

		OR PRINT)	WIDDLE	L.	AST	20 DATE OF DEATH M	AONTH DAY	YEAR	26 HOUR	
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	3. SE)	(4 RACE	5. DATE O	FBIRTH	6 AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS	
		Male	White	June		61	YRS.	VIHS DAYS	HOURS MIN.	
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1		AS DECEASED EVER IN U.S. A		OCIAL SECURITY NO.	17 INFORMANT		Suitl		Md.	
	()	Yes Noorunknown (IF YES GIVE WAR OR OATES) 225 14 1015 Mrs Frieda Belew-2604 Hane								
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		sow the deceased alive a above, (1) (we) (did) (did n		19 6 . on	d that in (my) (our) opinio	n death occurred on the date	e and hour or	nd from the	couses stoted	
Š	7	22b. SIGNATURA	060	m.D	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		12 DATE	23/8/	
		22d, PHYSICIAN'S NAME NYP	OR PRINT)		22e. ADDRESS	1 day	1	111-1	1	
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Ŀ	13a. S	yland	Prince Geo.	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Hyattsville	13d. INSIDE CITY LIMITS?	4508 Burli	ngton St	reet
	CI CI	THER'S NAME FIRST NATION	D. WIDDLE	Anderson	15. MOTHER'S MAIDI			adford
	16a. V	VAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 220 14 3701	Norman B.		as #13 (F	Husband)
1	2	Canditians, if any gave rise to in cause (a) stating the lying cause last. PART 2 OTNER SIGNIFICANT (
2	CERTIFICATION	190. DATE OF OPERATI		20 AUTOPSY?				
		210. EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING CA	HOUR A	OF INJURY M. MONTH DAY YEAR M. 19	HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN	EM 18 PART 1 OR PART 2]	YES NOX
	MEDICAL	21d INJURY OCCURRED WHILE NOT W AT WORK AT WO		E OF INJURY (AT HOME, 21f, L ACTORY, FARM, ETC.)	OCATION STREET	CITY OR TOWN	COUNTY	Y STATE
2		ACTUAL SIGNATUR	Natural causes X.	Accident , Suicide C	ADDRESS O R	Undetermined manner MEDICAL EXAMINER ayburn Court,	SIGNED_	2-26-81
	23a.B	IRIAL, CREMATION, REA	12/28/81	Ft. Lincoln	OR CREMATORY Cemetery	Brenewood	P.G. COUNTY	Marylaffd
	Pre	Hyattsvil	's Sons Fune le, Maryland	gal Homs, P.A.	25a. O	C28YGE998AR 25b	HIGISTRAI S SIGN	NATURE

11 05-21 MAISAN AND MAISAN 12-24 81 FEVALE 10-17-89 101 62 PERMANE GEORNALS CHEVERLY PRINCE GEORGES GENERAL HOSPITAL PARTIES OF THE PARTIES OF Call of the first of the special territories Desire Company of the ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 26 DATE OF DEATH MONTH MIDDLE LAST DAY YEAR 2b. HOUR DECEASED NAME (TYPE OR PRINT) 1981 CHARLES BISHOP 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX May MONTHS DAYS HOURS **ት**9 1 4 7 9 White 72 Male BALTIMORE CITY OR COUNTY OF DEATH A BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED Indiana USA PRINCE GEORGE's WIDOWED DIVORCED T IL CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR 12e USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Laurel GREATER LAUREL BELTSVILLE HOSPITAL IIS GOW t Engineer USUAL RESIDENCE OF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 13e. STREET ADDRESS DUNTY Beltsville 13d. INSIDE CITY LIMITS? Md. NO T 11013 Oueen Anne Ave IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Freda MIDDLE Bishop HINK Harry **ADDRESS** 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATES! 709 01 8512 Joan M. Bishop (Wife) Same as above None APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line-for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. mulence min IMMEDIATE CAUSE (0) AS A CONSEQUENCE OF Moselew Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost 1 willes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20h IF YES. WERE FINDINGS LISED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOL NO [YES [21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY YEAR HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 PM 11 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY COUNTY (AT HOME; STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE AT WORK AT WIDER 22a I certify that (1) (this hospital) attended the deceased from 12/4 saw the deceased alive on. _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death. 22c DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DOIRECTOR PHYSICIAN 274 PHYSICIAN'S NEWBERT S. MCCENEY, M.D. 22e ADDRESS 402 Main Street Laurel, Md. 402 Main Street 230 BURIAL, CREMATION, REMOVALITY P. RATE 20707 1279/81 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN COUNTY STATE Gate of Heaven Mont 25e. DATE REC'D. BY REGISTRAR HA REGIST 24 FUNERAL DIRECTOR Hines/Rinaldi F.H.11800 N.H.Ave.S.S.Md DHMH-16 25M (VRA 15, 4) 1/79

TSIOP

E FEBRUARY EDITED

CHEATH'S LAUREL BELTSVILLE HOSFITAL

26 - 5 - 1861 0 (3 3)

DHMH - 16 50M 7/77 (VR A 15 (4))

	GISTRAR SED NAME	FIRST	MI	DDLE	CERTIF	AST /	REG. NO		Y YEAR	2b. HOUR
(TYPE OR PR	RINT)	ecelia			BITT	NFR	December 2	1981		7:10
3. SEX		4 RA	ACE		S. DATE O	F BIRTH	6. AGE IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24
Fer	male		Cau.		Unl		Unk.	YRS.	DAYS DAYS	HOURS /
7a BIRTHE	PLACE (STATE OR FOR	EIGN 7b. C	ITIZEN OF W	HAT COUNTRY	? 8.		9. BALTIMORE CITY O		F DEATH	
COUNT	D (c.	U.S.A	A.	WIDOWE	DI NEVER MARRIED X	Prince Geo	rge's	County	
10 CITY C	OWN OF DEAT	Н 11.		OSPITAL, NURSI	NG HOME O	ROTHER INSTITUTION	12a. USUAL OCCUPATI	ON	12b. KIND O	F BUSINES
	nton	So	uthern	Maryla	nd Hos	pital Center	Clark	WORKING (IFE)	INDUSTRI	
13a. STATI	ESIDENCE (IF HURSIN	TOUNTY Charl	Les	Clinto	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 9811 St	ıart I	Lane	
	R'S NAME FIRST	WIDDI	E	LAST		15. MOTHER'S MAIDEN NA	ME	The In	C . IAS	ı
	1ph			Bittr		Emily			Smit	n
160 WAS I	DECEASED EVER IN	U.S. ARMED (IF YES, GIVE WAR		66 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE		ν A.	
N	0			Unk	•	James F. C	otton 270	J M.L.		MATE INTERVA
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	1.	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B REG. NO.	32924
m c		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	ITH DAY YEAR 26 HOUR
e +		EMIL	G.	BITTNER	DEC	C 21 1981 10:30A
(mm)	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDA	
(IMI)		MALE	CAU	JUL 04 1909	72	YRS
15 169	BF	RTHPLACE (STATE OR FOREIGN COUNTRY) ROOKLYN N.Y.	76 CITIZEN OF WHAT COUNTR USA	MARRIED AND NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORG	
Filed with	9	IDREWS AFB, MD		SAF MEDICAL CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	IRKING LIFE) 126. KIND OF BUSINESS OF
B3	13a :	RGINIA FAIR		WN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS 161 Edsell RI	D APT 312
901	14.59	OTTO	whose BI	TTNER IS MOTHER'S MAIDEN NA		KURZAIT
S. Poges 1			MED FORCES? IAM SOCIAL SEL 1964 083-09	-3930 MRS URSULLA	M. BITTNER, Al	l Edsell RD APT 3
r signed by the attending physi Then please remove corbonopo to buriol, cremotion, ar remova niury, ar other traumatic event	NO	Conditions if any, which gave rise to immediate cause a storing the underlying essue lost	DUE TO, OR AS A CONSECUTOR OF THE UMON TATE	CEDETE & THINK	AVASCULAR COLI	lyss (- 2 days
t permit.	CERTIFICATION	19a. DATE OF OPERATION	, 196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? 201	I. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
alth and Mental Hygi	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY, MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AFWORK	A(D)	DAY YEAR 19 211. LOCATION SIREET	RRED (ENTER NATURE OF INJURY IN I	
Apould be detached for use with the State Dept. of Healt MPORTANT: If Item 21 is mo	(abay didd	ital) attended the deceased from DEC 21 19 19 19 19 19 19 19 19 19 19 19 19 19	ATTENDING PHYSICIAN [, ta, ta, death occurred an the date a	JSAF MED CEN
- 5 3 4		BURIAL, CREMATION, REMAIL (SPECIFY)	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	24 51					
16 50M 1/81 A 15, 4)	24 FL	Burial UNERAL DIRECTOR		rlington Nat'l. Cem Oxon Hill Rd. 250 PM on Hill. Md.	Arlington TE REC'D. BY REGISTRAR 25b.	n Virgin

is force 12/28/81 Priington Wattl. Ont. Inlinuton Secret . A lag runeral pore Coon Mill, Mc.

3	2	1	FOR			PART	STATI MENT OF H		ARYLAN		VOIENE		3 :) 4	2	5
2	D	11-	STATE REGISTRAR				EXAMINE					TH .			-	
		1. DE	CEASED NAME	FIRST		MIDDLE			LAST	JAIL O			EG. NO.	TH DAY	YEAR	26. HOUR
	IS NECESSARY, PLEASE IE FUNERAL DIRECTOR. PE 5 FOR THES. ED, WITH POURS IT W. PRESIDE IS HET,	(TYF	PE OR PRINT)	TONY	MAI	RTIN		BLA	ACKLES	S		OF EST DEATH MAT	1-		81	20. 1100k
	A COLOR	3. SEX	X	4. RACE	5. DATE OF BIRTH	VEAD	6. AGE (IN YEAR	IF UN	DER 1 YR.	IF UNDER			MON	/		2d 110 UR
	RY.	M	ALE	BLACK	7-12-67	YEAR	14 YRS	MONTE	DAYS	HOURS	MIN. PI	RONOUNCED DEAD	1	2-13	19 81	9 A
	SSSA SSSA		IRTHPLACE (ST.	ATE OR	76. CITIZEN OF WE	IAT COUN		MARRI	ED NEV	/FP AA A DDIE	D X 9	BALTIMORE	CITY OR CO	UNIT OF		
	A STATE OF THE PROPERTY OF THE	Vi:	rginia		USA			WIDOW		DIVORCE		PRINCE	CEODO	EC		MD
	V V SEE SEE	1D. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NU	RSING HOME,	OR OTH	ER INSTITUT	ION	12a. USUA	PRINCE L OCCUPATION ST OF WORKING L	N (TYPE OF WO	RK 12b. K	IND OF BU	SINESS
	RS AFTER DEATH. IF ANY DELAY IS N 8. GIVE PAGES 1, 2, AND 3 TO THE FI WITH FORM PM 3. RETAIN PAGE 5 T. PAGES 1 AND 2 SHOULD BE FILED, DIVISION OF WHAL RECORDS, 201 W	FO	RT WASH	INGTON	2711 RO		LEY DRI	VE.				dent			JK 11.0001	``
201	ANY CANY CANY CANY CANY CANY CANY CANY C	13a S	TATE _	1136. COUN	ROTHER HISTITUTION, GIV	13c. CITY	OR TOWN)	13d. INSIDE CIT	TY LIMITS?	13e STREE	T ADDRESS				
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W	TH. 2	14. F/	ATHER'S NAME		WIDDLE		LAST		FIR	R'S MAIDE		WIDDLE			LAST	
ORE	O S S S S S S S S S S S S S S S S S S S	160 \	Tony	EVER IN U.S. ARA	Blac			10	Jac 17. INFORM	cquel	ine			boo		
BALTIMORE,	FIER FOR PAREN	{Y	ES, NO, OR UNKNOV	WN) (IF YES, GIVE	WAR OR DATES)		CIAL SECURITY I	NO.					FESS W	ashi	ngto	n_
I¥9	RS A GIV PA(No	DEATH /F		No:			Edwa	ard B	urge	ss-27	II Ro			
ST.	HOURS MIT. F		PART I DE	ATH WAS CALISED	y ane cause per line BY:			32		-	ISEAS				APPROXIMATE	
PRESTON	T PERM FILLEM T PERM FGIENE DVAL.		40	2 GIMMEDIAT	E CAUSE (a) HYP	AS A CON	ISEQUENCE OF	RDI	OVASCU	ILAR L	/I JLA)L	1			
PRES	WITHIN INCIL IN AINER A TRANSII VITAL HY			s, if dny, which												
₹.	PENCI WMINE - TRA OR R		cause (a)	e to immediate stating the <u>under-</u>	DUE TO, OR	AS A CON	ISEQUENCE OF									
201	SIAL EXA		lying caus	e last.	(c)											
RECORDS	D BE EXECUTED WITHIN 24 HOUR ENDING" IN PENCIL IN ITEM 18. MEDICAL EXAMINER ALONG WAS A BURIAL - TRANSIT PERMIT. ALTH AND MENTAL HYGIENE, DCREMATION, OR REMOVAL.		PART 2 OTHER SIG	NIFICANT CONDITIONS (ONTRIBUTING TO DEATH I	UT NOT RELA	TEO TO THE TERMINA	L OISEASE	OR CONDITION	GIVEN IN PART	1 1 (a).					
ECO.	MEDIO BE NEDIO AS A SA PENTING	ē														
VITAL	うとに出土され	CERTIFICATION	19e DATE OF	OPERATION	196. CONDIT	ION FOR	WHICH OPERAT	ION W	AS PERFORA	MED?				20.	AUTOPSY?	
FV	MORD WORD WORD IE CHIE SINT OF	1 2	21a EXTERNAL	CAUSE WAS	21b. TIME OF	INTERV		21, HC	NA/ INDITION	OCCUPPED	· ENITED NA	TURE OF INJURY IN	West to a series		YES 🗌	NO X
DIVISION OF			UNDERLYING		HOUR A.M			ZIL. FIC	JAN IIAJORT (OCCURRED) (ENIEKNA	TURE OF INJURY IN	ITEM 18 PART 1 O	R PART 2)		
ISIO	CERTIFICA ITING THE DED TO THE 3 SHOULD DEPARTM I PRIOR TO	MEDICAL	21d INJURY O		21e PLACE C				CATION							
No.	HIS CHARDE ARDE GGE 3 201	¥	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, E	FC.)	5	TREET			CITY OR TOWN		COUNTY		STATE
	R: TF, VRW/ NRW/ R: PA		22n Loortifu	that I tack share	e af the remains desc	ribed aba	va hold on	Autaps		Inspection	X,	Inquiry X				
	ANA STATE		death resulte		al causes X	Accident	Suici		, Hamici			Inquiry (1),	and in m	apinian		
	XAA EERTI DIRE WITH		10 may 17 3 1	1	1 DV	7		14000	TITLE (SP		0110111	miled manner				
	AL CHANGE		SIGNATURE (Negun	20 10	Folk	your			puty	MEDIC	AL EXAMINER	DA	TE 12	-13-8	1
	EDIC JIE T 4 SI JNER MOR	1	EXAMINER'S	NAME		. //	(()-		-	222						
3200	TO MEDICAL EXAMINER: 17 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		TYPE OR PRIN	u) _ Mente			Z, M.D.	-				n Court				
131) high	(1	URIAL CREMAT	ION REPOYAL	NOO 16	A BOA	-Roose			ay ng 1 i a	73d. LOC	ation omCh	esane	ake.	. Va st	ATE
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AYPERTHISIVE CAPDIOVASCULAR DISEASE

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
	CEASED NAME	FIRST		MIDDLE		AST	20 DATE C		DAY	YEAR	26 HOUR
1000	275 (2017)	JOHN	350	E		BOSTIC		12	10	81	7:40
1.5E)			4. RACE		5. DATE O	DAY YEAR	6. AGE (IN	YEARS LAST BIRTHDAY)	IF UI	INDER I YEAR	IF UNDER 24 HRS
-	ale	15.10	Caucas	sian	Oct		67	Y	RS RS	0213	MIN.
	RTHPLACE (STATE O			WHAT COUNTRY?	8 X MARRIE	NEVER MARRIED	9 BALTIMO	ORE CITY OR COL	INTY OF	DEATH	
WE	est Vire	ginia	U.S.A		WIDOWE		PRIN	CE GEORGE	:15 0	COUNTY	r M
	CHEVERLY		PRINCE	GEORGE STREET	GENE	RAL HOSPITAL		OCCUPATION RK FOR MOST OF WORK	ING LIFE)	126 KIND O INDUSTRY OUND	of Business of
13a. S	at residence (IF NI STATE aryland	136 COUNTY		GIVE RESIDENCE BEFORE 134. CITY OR TOW Brandyw	/N	13d. INSIDE CITY LIMITS?	130 STREET		500	Road	
	ohn Edwa	rd Bo	stic	£AST		Is. MOTHER'S MAIDENNA Anna Stutl		WIDDLE		LAS	17
160 V	VAS DECEASED EVI	R IN U.S. AR	MED FORCES?	166 SOCIAL SECL	RITY NO	17 INFORMANT	-	ADDRESS		1111111	
No		N/A	WAR OR DATES)	234-10-	4594	Bertha Gar	den -	Same A	As 1	3 A-	E
CERTIFICATION	Conditions, if on gove rise to it couse (o), sto underlying care PART 2 OTHER SI	mmediote ting the ise lost	DUE TO, OI (c) ONDITIONS CC	ENERY	ENCE OF	NOT RELATED TO THE TERM	THE S	OPSY? 206 II	ROS FYES, WE	S LS ERE FINDIN	
MEDICAL CERTI	AT WORK AT V	CAUSE OF DEA DICAL EXAMINER) IRRED	P.J 21e. PLACE ((AT HOME, STR	M. MONTH DA M. OF INJURY GEET, FACTORY, OFFICE, F	AY YEAR 19 ARM, ETC.)	211. LOCATION STREET	RED (ENTER N	ATURE OF INJURY IN ITEA		OR PART 2) COUNTY	NO STATE
	22a I certify that sow the dece above, (I) (we 22b. SIGNATURE 22d. PHYSICIAN'S	osed olive on (did)(did sol	Trend of west	ofter death.		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN)	224. DATE	
		S.	YUN	SA		1.0.0.170	3311	IN CAE	.UEI	424	UDJOB
23a B	URIAL GREMATION	TREMOVAL	236. DATE ec. 14		Hepze	e bah Cemete	ryHen	zebaHar	ris	on W	est STATE

DHMH-16 50M 1/B1 66 1

BP.

RECTOR Lee Funeral Alexander Ferry Home, Rd PDRESS Inc. Clinton, 24 FUNERAL DIRECTOR Ord

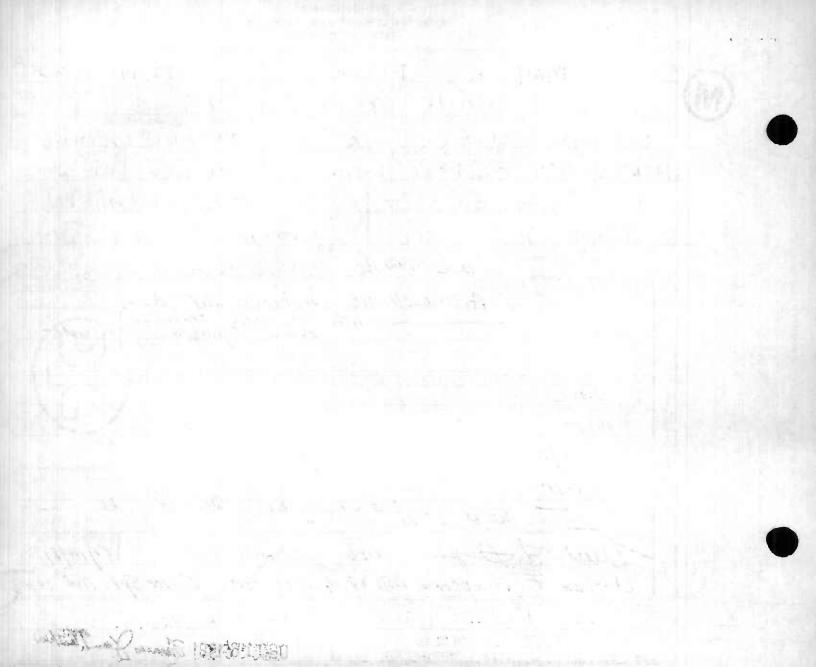
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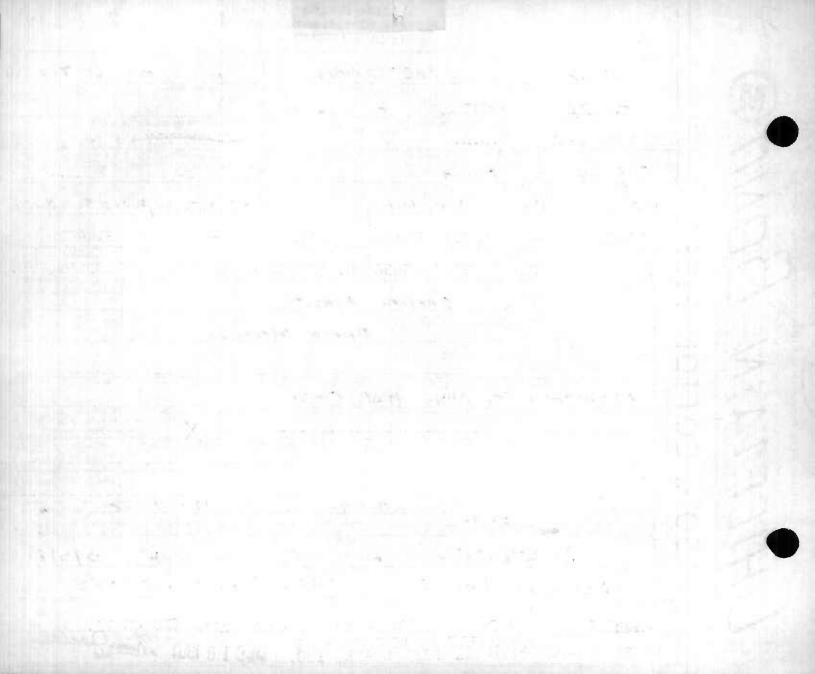
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500 UNIV BLUD W SILVER SPRING MD.

STATE OF MARYLAND





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN XX MONTH (TYPE OR PRINT) DEATH MATED Cortez Bridges 21981 4. RACE 6 AGE (IN YEARS DATE OF BIRTH DATE 6:21 PRONOUNCED /3/1953 28 Male Black 121981 76. CITIZEN OF WHAT COUNTRY? & BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. O THE FUN PAGE 5 P Maryland Prince George's County DIVORCED IC CITY OR TOWN OF DEATH Elect. Tect. RM PM 3. RETAIN PA 1 AND 2 SHOULD BE F DEVITAL RECORDS, 2 Prince George's General Hospital Cheverly Prince George's Co. 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 1985 Addison Rd. 20028 14 FATHER'S NAME LAST William Rimson Lela Mae Chapman B86-54-5849 Jannie Bridges, 1985 Addison Rd. 20028 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Blunt injury to trunk with laceration of heart DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES XX NO T 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX. MONTH DAY YEAR UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 5:00 P.M. driver in auto/auto impact 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Walker Mill Rd., Seat Pleasant, Prince 6200 blk. road Autapsy XX 220. I certify that I taak charge of the remains described above, held an Accident XX Undetermined manner Natural causes TITLE (SPECIFY EGECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH BALTIMORE, M ACTUAL Assistant 12-13-81 SIGNATURE EXAMINER'S NAME Virginia L. Dolan. M.D. III Penn Street 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE SPECBurial 12/19/81 United Mem. Gardens Plymonth Washtenow Co Mich. 24. FUNERAL DIRECTOR **DHMH-17** Law Funeral Home 4611 Park Heights Ave. (VR A15 ME (5) 15M 2/80

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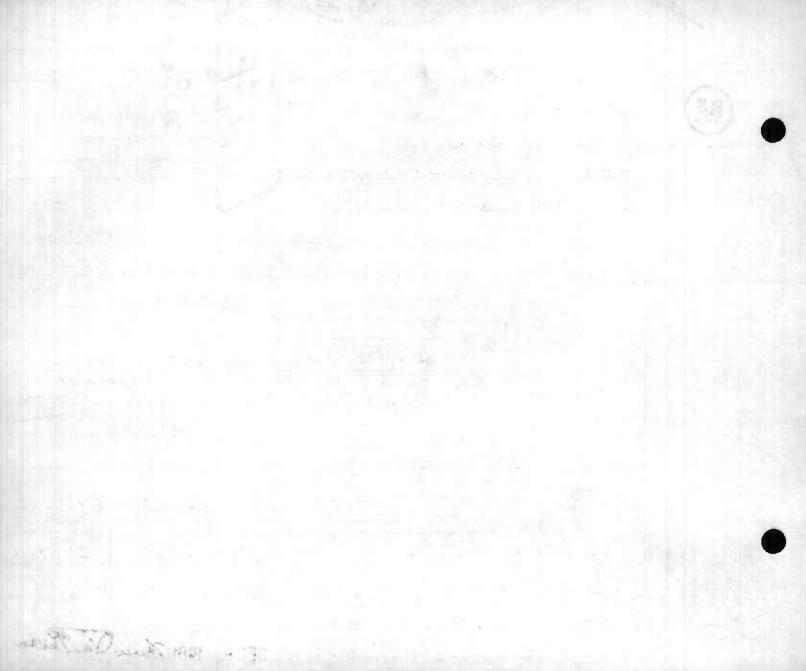
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LAND 212 nin 24 hou ly filled in should be	Ma		other institution, GI	ve residence befor Laurel	E ADMISSION)	13d. INSIDE CITY LIMITS? YES 🔣 NO 🗌	131013 Ward S	treet	163.13
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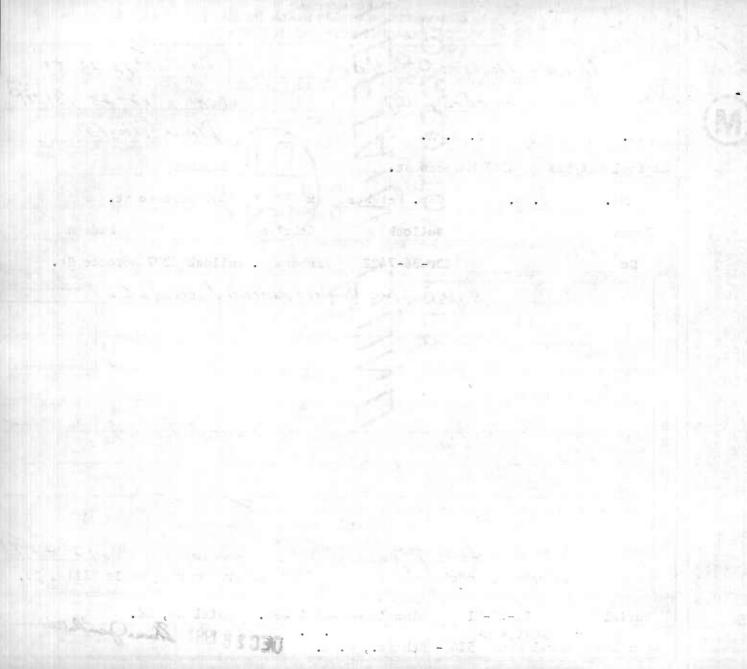
STATE OF MARYLAND



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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLEXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 11 PAGE 43 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. BALTIMORE, MARYLAND, 21201 PR OR TO BE USED AS BURIAL. TRANSIT PERMIT PERMIT PENDING TO THE CHAITH AND MENTAL HYGIENE.		270. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Auguso	es d	Accident D. Suic	M.	Homicide TITLE (SPECIFY) D.Deputy	Undetermined monn MEDICAL EXAMIN yburn Court	DATE ER SIGN	ED/2-24-8/
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DHMH - 17 (VR A15 ME (5))		pangler F	ineral Ho	me 52	4 - 8th St.	, N.	E. DE	C 2 8 1981 AR	LEGISTRAR'S	Service



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PIEA DIRECTO DUR FIL DN STRE	3. SEX	ale	4 RACE White	5. DATE OF BIRTH	6. AGE (IN LAST BIRTH	EARS IF UNDER DAY) MONTHS (R5.		4 HRS. 2c. DATE MIN. PRONOUNCED DEAD	MONTH 12	13 1981 6:53P
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S. MD. 21201 ATH. IF ANY DELAY IS NECESSARY, PLEASE SI, 2, AND 31O THE FUNERAL DIRECTOR. PM 3. RETAIN PAGE 5 FOR YOUR FILES. WITHIN 72 HOURS WHALRECORDS, 201 W. PRESTON STREET,	13a. S	AL RESIDENCE TATE arvlan	13b. COU	OR OTHER INSTITUTION, ONLY	13c. CITY OR TOWN	13d.	INSIDE CITY LIMITS?	13e STREET ADDRESS 4309 Urn	Street	
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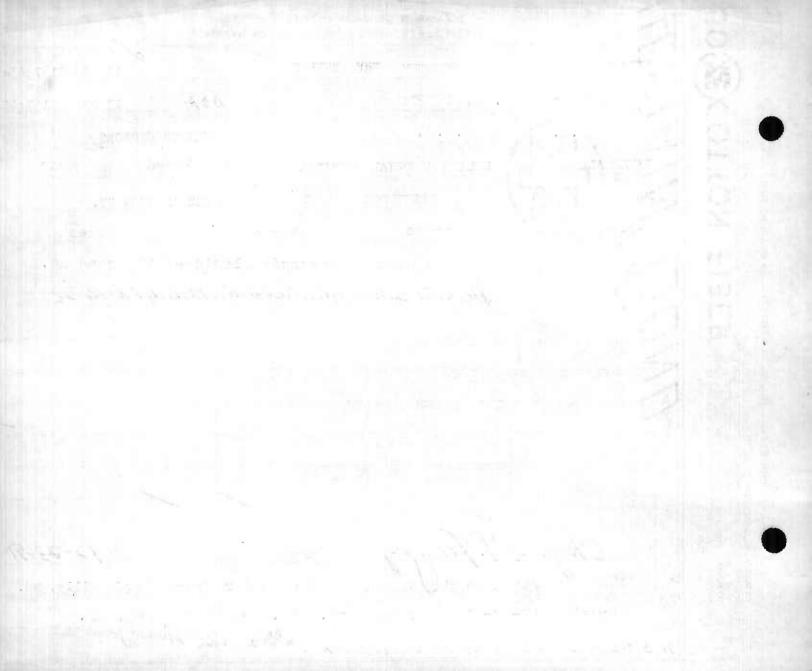
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Burial 12/17/81 Purkleys Femorial Park Cockville, Maryland

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	He 21				Billia 6 19 4 1	. 10		,
AT WORK AT WORK 220 I certify that (I) (this haspital) attended the deceased from Mark 1. 19 11, to Dec. 21, 19 11, that (I) (we) last	P O		above; (1) (we) (did) (did not) view the bady offer death.	, and that in (my) (aur) apinian	death accurred on the de	ate and hour and from the cour	ses stated
270 Certify that (I) (this hospital) attended the deceased from 19 so with edeceased alive an 19 so with edeceased alive an 19 so with edeceased alive an 19 so with edeceased alive and so with edece	Dept Dept		22h SIGNATURE		DEGREE		22c DATE FIG	NED/
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	- STATE REGISTRAR			DICAL EXAMIN				H REG. N	10 /		
	DECEASED NAME	FIRST		MIDDLE		LAST		DATE KNOWN	MONTH	OAY YEAR	2b. HOUR
	TYPE OF PRINT)			DOROTHY	ENK	BUTLER		OF ESTI-	12	231981	7:45a
3. 5	EX	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHO	EARS IF UN	NDER I YR. IF UNDER		DATE	MONTH	DAY YEAR	2d HOUR
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7 70.	BIRTHPLACE (ST FOREIGN COUNTRY)		76. CITIZEN OF W		8. MARR	IED NEVER MARK	RIED	BALTIMORE CITY	OR COUN	TY OF DEATH	
4	CITY OR TOWN (D.C.		.S.A.	WIDOW			PRINCE G			MD.
3	RIVERDA		(IF NOT IN SUCH FA	SPITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) AND MEMORIA			FOR MOS Un e	occupation (TO DE WORKING LIFE)	YPE OF WORK	OR INDUST	ISINESS RY
USI 13a	UAL RESIDENCE (IF IN NURSING HOME OF	ROTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISS	ION)	13d. INSIDE CITY LIMITS?	13e STREET				
	MD	PG		BRENTWO	OD	YES 🖾 NO	3	922 ALLI	SON S'	г.	
14.	FATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAID	ENNAME	MIDDLE		LAST	
1	Joseph			Gordon		Gertrud	e			ones	
160.	(YES, NO, OR UNKNO	EVER IN U.S. ARM	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURIT		17 INFORMANT		ADDRES		70.7	
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AL CERTIFICATION		CAUSE WAS	216 TIME OF HOUR A.M	INJURY MONTH DAY YEAR	21c. HC	AS PERFORMED?	ED (ENTER NATU	re of injury in item 1	B PART 1 OR PA	YES 🗆	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH 1. DECEASED NAME FJRST 2h HOUR (TYPE OR PRINT) JOHN. 12 16 81 BUTLER 3 SEX 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOUR5 T894 Male Black BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A Prince Georges WIDOWED DIVORCED [IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Farmer Southern Maryland Hospital Clinton Rd, Cheltenham Md USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE P.G 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland NO F 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Rinaldo LAST Emil's Bulter Mitchell 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW] 217-56-6338A Caroline Butler SAA Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per fine for (a), (b) and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 DIVISION OF VITAL RECORDS, CATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ony 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED à IN CERTIFYING CAUSES OF DEATH? NOF 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM MEDIC! 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a. | certify that (1) (this haspital) attended the deceased from. sow the deceased alive on _ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death DIRECT 22c. DATE SIGNED 22b. SIGNATUR DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN * Should be deto with the Stote [IMPORTANT: 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 10905 Ft. Wash. Rd., Oxon Hill, Md. 20028 Abulhasan Ansari, M.D. 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION REMOVAL 23b. DATE COUNTY 12/19/81 Myers Ch. Cemetery Upper Marlboro P Burial 250. DATE REC'D. BY REGISTRAR IN MEGISTRAL 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) 1.608 Acuasco, Maryland

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		Reference				
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5 5	FOR STATE REGISTRAR	- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.									
LEASE CTOR. FILES. OURS REET,	I. DECEASED NAME	rnolds clin	MIDDLE	LAST	20. DATE KNOWN MONTH OF ESTI- DEATH MATED Dec.						
ARY, PLEA PLECTC TT OU	Male White	NOV. 20	, 1923 58 YRS.		HRS. 2c. DATE MONTH PRONOUNCED DEAD DEC. 2	24, 1,981 24 M					
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76. CITIZEN OF W	• MAR WIDO		Prince Georges	s _{MD.}					
100 C	Edmonston	5200° 47	SPITAL, NURSING HOME, OR OT ACILITY GIVE STREET ADDRESS) AVENUE		USUAL OCCUPATION (TYPE OF WORK Improvement Co.	OR INDUSTRY Self Employed					
21201 IF ANY DE 2. AND 31 SHOULD		COUNTY rince Geo.	13. CITY OR TOWN Edmonston	13d. INSIDE CITY LIMITS? 13.	200 475 Avenue						
E, MD.	Reynolds	MEDLE L+	Buzard	15. MOTHER'S MAIDEN N	Cou	lter					
BALTIMORE, URS AFTER DE B. GNE PAGE. WITH FORM VER FORM V	160, WAS DECEASED EVER IN (YES NO. OR UNKNOWN) (IF	U.S. ARMED FORCES? YES, GIVE WAR OR DATES)	181 18 6465	Elizabeth M	ADDRESS 1. Buzard Same as	#13 (Wife)					
CORDS, 301 W. PRESTON ST BE EXECUTED WITHIN 24 HC NDING" IN PENCIL IN ITEM TONG MEDICAL EXAMINER ALONG AS A BURIAL-TRANSIT PERMI ATTH AND MENTAL HYGIENE MATION, OR REMOVAL.		nediote (b)	AS A CONSEQUENCE OF	SE DR CONDITION GIVEN IN PART 1 ((0).						
VITAL RECC	190. DATE OF OPERATION	I9b. CONDI	TION FOR WHICH OPERATION V		28. AUTOPSY? YES NO 🛣						
ION OF VITE CATE OF THE WEST OF THE WARTIMEN	UNDERLYING OR CONTRIBUTING CAL	HOUR A.A	A. MONTH DAY YEAR A. 19		ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	- 400					
DIVIS THIS CER WRITING WARDED AGE 3 S TATE DEP	21d. INJURY OCCURRED WHILE NOT WH AT WORK AT WOR	ILE STREET, FAC	OF INJURY (AT HOME, 211. LC TORY, FARM, ETC.)	OCATION STREET	CITY OR TOWN COL	UNTY STATE					
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV. TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21	death resulted fram: ACTUAL SIGNATURE	Natural causes	Accident , Suicide Danguer,	Hamicide U	AMEDICAL EXAMINER SIGNE	Dec. 24, 198					
630 BA PAGE	(TYPE OR PRINT) 230. BURIAL, CREMATION, REMO		23c. NAME OF CEMETERY C	OR CREMATORY 23	d. LOCATION CITY OR TOWN Laurel Prince Ge	le Hills, Md.					
DHMH - 17 (YR A15 ME (5)) 15M 7/77	THARCUS Gasch Hyattsville,	's Sons Fune Maryland			D. BY REGISTRAR 25b. REGISTRAR'S S 2 8 1981 Annu 9						

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Pec. 21, 1981 J.				e i n
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Saymen Court Tomple Hills, the			Ainmato P. D	
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FOR

- STATE

REGISTRAR

STATE OF MARYLAN DEPARTMENT OF HEALTH AND ME CERTIFICATE OF DE

S

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTIT N SUCH FACILITY, GIVE STREET ADDRESS 11500 Bayard Drive

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (o

D NTAL HYG ATH	IENE 8	REG. NO.	3	2	9	4	1
)	20. DATE OF	DEATH M	2-1	9-	FI	26 HOL	JR O M
193	6. AGE (INY	EARS LAST BIRTHI		IF UNDER	1 YEAR DAYS	HOURS	MIN.
RRIED		PRINC PRINC OCCUPATION FOR MOST OF V Chence	10	60	csa	90 G BUSIN	ESS OF
LIMITS?	13e. STREET					0	7
rriet	AIC	MIDDLE		5	Stoo	ps	
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a				BE	APPROXIM	ATE INTE	RVAL DEATH
η							
2 9		sphag	-				
) THE TERM	INAL DISEASI	E OR CONDI	HON GIVE	:N IN PA	ARI Ita		

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

> 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

A CONSEQUENCE OF

DUE TO OR AS A CONSEQUENCE OF

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

JUN

211. LOCATION

ATTENDING

5. MOTHER'S A

17 INFORMAN

Ellen J

Ha

CITY OR TOWN

NO

20a AUTOPSY?

COUNTY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

STATE

and that in my (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED STAFF

Westmoreland Co. Pa.

DIRECTOR PHYSICIAN

Penn Lincoln Memorial Park,

DEGREE

24 FUNERAL DIRECTOR

Capitol Funeral Service, Fairfax, Va.

Dec.

P.M

21e. PLACE OF INJURY

DHMH - 16 50M 1/81 (VRA 15, 4)

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		E OR PRINT)				041					OF ESTI-	W.	16-8,1	26 HOUR
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		10.0		MONTH DAY	YEAR	LAST BIRTHDA	MONTH	S DAYS	HOURS	MIN PRON	DATE		16-81	3:45
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1		TY OR TOWN		U.S.		DCING HOME	WIDOW		DIVORCE		CCUPATION (County	* MD.
)		andover			CILITY, GIVE S	TREET ADDRESS)	OK OTH	EK INSTITUT	ION		F WORKING LIFE)	TYPE OF WORK	OR INDUST FILM EX	RY Univ
2	USUA			OR OTHER INSTITUTION, GI	VE RESIDENCE		N)	13d. INSIDE CIT	THE SHAPES					
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	14. F/	THER'S NAME		MIDDLE				15. MOTHEI	R'S MAIDE			00100		
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	160. V		EVER IN U.S. AR	MED FORCES?		CIAL SECURITY	NO.	17. INFORM	ANT '		ADDRE	SS P.	Box 10	65
	No		(IF YES, GIVE	WAR OR DATES)	215	-68-78	36	Perr	v Ta	Caldwel	I. Sr.		Republic	
		18. CAUSE OF	DEATH (Enter an	ly ane cause per line	far (a), (b), and (c).)						1010	APPROXIMAT	E INTERVAL
		PART I DE	ATH WAS CAUSE	D BY: TE CAUSE (a) Sr	noke	and soc	t in	halat	ion a	nd carb	on mond	oxide	BETWEEN ONSE	ET AND DEATH
	17	87	O 2 IMMEDIA			XXXXXXX								
			s, if any, which	(b) it	ntoxi	cation								
		cause (a)	stating the under-	(0)		ISEQUENCE O	F							
		lying caus	e last.	(c)									1	
		PART 2 OTNER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO GEATH	BUT NOT REL/	TEO TO THE TERMI	IAL OISEASE	OR CONDITION	GIVEN IN PAR	21 1 0				
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	TA.	190. DATE OF	OPERATION	19b. CONDI	ION FOR	WHICH OPERA	TION W	AS PERFORA	MED?				20 AUTOPSY	?
	Ę												YES V	NO 🗆
)	CERTIFICATION	210. EXTERNA	L CAUSE WAS	21b. TIME OF	INJURY	DAY -VEAD	21c. HC	W INJURY	OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR P		
1	3	UNDERLYING CONTRIBUTIN	OR IG CAUSE OF I	DEATH P.M		16-8'FAR	cau	ight i	n hou	sefire				
)	MEDICAL	ezia. Injury o	CCURRED	21e PLACE (OF INJURY		21f LOC	ATION						
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		ACTUAL SIGNATURE_		Mourite	10	2 4/h.	100.		tant	MEDICAL E	V 4 44 15 15 15 15	DATE	12-16	-81
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hype p	ed.	EXAMINER'S I		garita A	Kore	LL M D		ADDRESS	111	Penn S	Street			
	23o. B	URIAL, CREMAT	ION, REMOVAL 2	3b. DATE		NAME OF CEM			RY					
	(5	PECIFY)	rial	12-21-81	La	kemont	Mem	.Gard	ens	David	sonvil	le A.	An Mary	land
	24 FI	JNERAL DIREC	TOR	ADDRESS				2	DECER			SP 64 18	and the state of t	
	F	Gasch	s Sons	F.H. P.A.	Hyat	ts. Md.			リチウ	W T 100		The state of the s		
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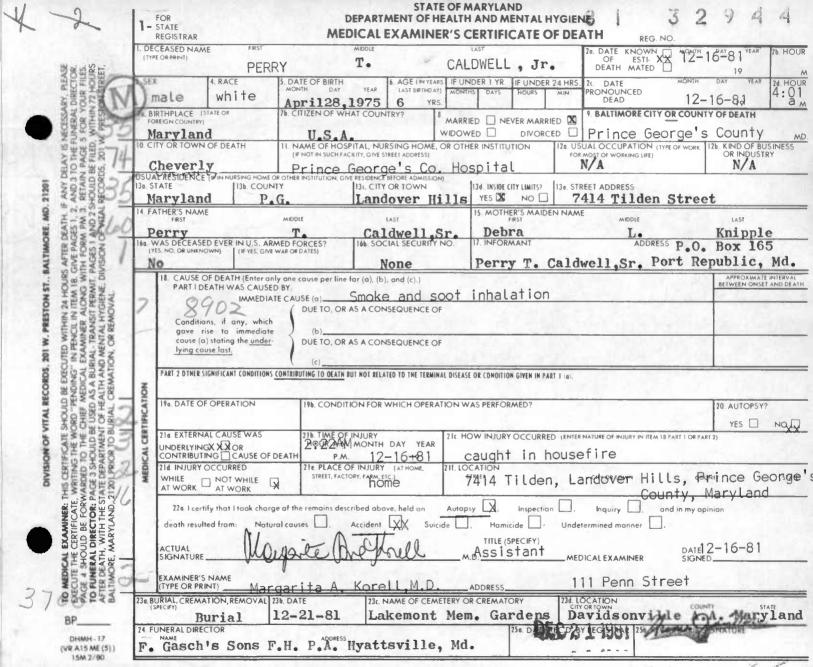
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16 X	1	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 1 3	2 9 4 5
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be ge 3 death	(111	Eliza	beth J.	Callahan	December 2	9, 1981 8:45P M
ge 4 mo	3. S8	x Female	White	S. DATE OF BIRTH NOV 1 1915	6 AGE (IN YEARS LAST BIRTHDAY) 66 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
deoth. Pog	7	IRTHPLACE (STATE OR FOREIGN COUNTRY) W YORK	76. CITIZEN OF WHAT COUN		9 BALTIMORE CITY OR COLINT	
by the filed w		trontown of death Laurel	Greater Lau	orsing home or other institution of the Beltsville H	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING I	
y filled in should be	M	AL RESIDENCE (# NURSING HONE) STATE ATYLAND Prin ATHER'S NAME	or other institution give residence inty 13c. CITY or nce George L			de Rd #1408
omplete ond 2		James C		nnor Elizabe	MIDDLE	Goodwin
be execu an and c		NAS DECEASED EVER IN U.S. AI YES NO OR UNKNOWN] (IF YES, GI NO N/I	IVE WAR OR DATES!	1-9397 Francis C		Meade Rd #1408 ,Md. 20707
ertificate ng physicic bonpaper remavol.		PART I. DEATH WAS CAUS	inly one couse per line for (a), (b	i), ond (c).	PRIHUCO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24 HOW
hot the death by the ottendi ase remave ca il, cremotion, or		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS (6) DUE TO, OR AS A CONS	Relexit, Comp		1 times
requires t en signed Then ple or to burio	NOIL		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GI	VEN IN PART 1101
The law icton. The has being permit grene prices shows on year.	CERTIFICATION	190 DATE OF OPERATION		HICH OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
SICIAN: 19 physical properties of the second secon		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2]
after this os the bund Whand My	MEDICAL	2)d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDIII haspital or RECTOR: A ned for use or ppt, of Healt		sow the deceased alive or	ottal) attended the deceased from 12124	41	n death occurred on the date and ha	tho (we) lost ur and from the causes stated
At OR the horal DIRE detachers the Dep's T. If there		12h SIGNATURE	omey	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED
TO HOSPIT TO FUNER should be continued by with the Str		LOUIW (W Hevu-	22e ADDRESS	Telad W	Howell
O of of which was a second of the second of	23a	BURIAL, CREMATION, REMOVAL	L 23b. DATE	230 NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP	Ca	t.Burlaleaven		Gate Of Heaven		ng Mont. Md.
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	WARRALDURECTOR FLOCK Laurel 7601 Sandy S	Funeral Hom	e Inc. aurel Md 20707	IAN 4 1982 Han	TRAR'S SIGNATURE

The state of the s A STATE OF THE STA

< i	FOR •		DEPARTMENT	OF HEALTH AND ME	NTAL HYGIENE	1 3	2 9 4	6
	REGISTRAR DECEASED NAME TYPE OR PRINT)	FIRST Claude	MEDICAL EX AN MIDDLE Owen	AINER'S CERTIFIC	7a. D.	OF ESTI-	ONTH DAY YEAR 26.	. HOUR
		ite May	22 1922 59	(IN YEARS IF UNDER 1 YR. I	FUNDER 24 HRS. 2c. I	DATE MC HOUNCED DEAD	DNTH DAY YEAR 24	HOUR 1:5
5	Maryland	THE MESSAGE	WHAT COUNTRY?	MARRIED NEVE	DIVORCED P	rince Geor	ge's County.	MD
1	Clinton	South	ern Marylar	d Hospital	ON 120. USUAL O FOR MOST O FIREMS	CCUPATION (TYPE OF A F WORKING LIFE)	WORK 12b. KIND OF BUSINI OR INDUSTRY	ESS
1130		ISING HOME OR OTHER INSTITUTION 13b. COUNTY Prince Geom	13c. CITY OR TOV	VN 13d. INSIDE CITY	LIMITS? 13e. STREET A			
14.	FATHER'S NAME Joesph	MIDDLE	Cante	r	Cora	WIDDLE	Perrie	
160		IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) WW II	216-12-4		Marie Cante	ADDRESS Ma er 4123 28	arlow Hgts, M Avenue	Md.
200		the <u>under-</u> (c) (CONDITIONS CONTRIBUTING TO 0	OR AS A CONSEQUE	ic reaction -				
TIESCAT	19a. DATE OF OPERA		NDITION FOR WHICH	OPERATION WAS PERFORM	ED?		20 AUTOPSY? (head on l	10/1)
MAEDICAL CERTIFICATION		CAUSE OF DEATH ?	P.M. 2 10 1 CE OF INJURY (AT HO) FACTORY, FARM, ETC.)	YEAR 9 81 therapel ME, 21f LOCATION STREET		enture	COUNTY	STATE
	AT WORK AT WE	taak charge of the remain:	hospital s described above, held Accident XX	Suicide , Homicia	de . Undetermin	quiry , and in	ince George's my apinian Md.	5 00
	ACTUAL SIGNATURE	Virginia I	Lolan, M.	M.D. Assis	stant	EXAMINER	DATE 12-18-8	81
	BURIAL, CREMATION, RE	EMOVAL 236. DATE	23c. NAME O	F CEMETERY OR CREMATOR	RY 23d. LOCATI	ON	COUNTY STATE	
24	turial FUNERAL DIRECTOR George P Ka	12/19/8 las Funeral		etion Comete Hill rd Hill. Md.	Clin DEC 2 1 1	ISTRAR 256 REGISTRA 1981 Name	nce George M	d.

noise, ti ---ine out. summer of BS 1811 Line to the transfer of the first section of the first crot mat all Jessolt o imma . Di vita un fere THE TI -1-17 . We said the court of the cour Buriel 17/10/1 Semurect on boustary Climton Frince George 6. very end and one Onen Hill, its.

1 - ST.		DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O I O	4 1 1
	910111111				
1. DECEA	SED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 25 HOUR
TYPE OR PI		on A CADDIO	,		1.000
3 SEX	net				1 3:29a.
	Female	Cauc.	Oct. 25, 1909	72 YRS	MONTHS DATS HOURS MI
CQUN	TRY)		MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT Prince Geo	
		(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I) Homemaker	12b. KIND OF BUSINESS C
13a STAT				131 STREET ADDRESS Centra	1 Avenue
14 FATHE	R'S NAME FIRST	MIDDLE LAST	1201	AME	LAST
14 = 144.6	DECEMBED FUED BLUCK				
(YES, N	O OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)			
on PAI	use (0), stating the derlying cause last. RT 2 OTHER SIGNIFICANT methods	conditions contributing to	mornary eder DEATH BUT NOT RELATED TO THE TERM tion; cardiorn	200 AUTOPSY? 200 IF YE IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
E 210	ACCIDENT WAS LINDERLYING.	216 TIME OF INTITION	21. HOW INTURY OCCUP		ES NO
0.0	CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH	DAY YEAR	(ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
O 21d			19 211 LOCATION		
	THE NOT WHILE I	(AT HOME STREET FACTORY, OFFICE	FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive a above, (1) (was) (did n	Dec. 4 19	81_, and that in (my) (auc) opinion	death occurred on the date and ha	19, that (I) (and lo
	David	a · Bretcher		MEDICAL STAFF DIRECTOR PHYSICIAN	22 DATE SIGNED
22d.			14300 Gall	ant Fox La.	Bowie, Md.
23a BURIA (SPECI	AL, CREMATION, REMOVA	12/8/81 F	NAME OF CEMETERY OR CREMATORY t. Lincoln Cem.	23d LOCATION	Mary land STATE
	3 SEX BIRTH COUNTY C La 10. CITY C La 130 STAT M A T 14 FATHE 160 WAS (YES, N 18. 0 CC 17. 0 18. 0 1	Female BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mary land 10. CITY OR TOWN OF DEATH Lanham JUSUAL RESIDENCE HE NURSING HOME OF DEATH 130. STATE 14. FATHER'S NAME FIRST 160. WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (D), stotling the underlying cause lost. PART 2. OTHER SIGNIFICANT WILLIAM 190. DATE OF OPERATION 210. INJURY OCCURRED WHITE MORE NOTIFY MEDICAL EXAMIN 211. INJURY OCCURRED WHITE MORE NOTIFY MEDICAL EXAMIN 212. I certify that (I) (N. SOW the deceased alive or above, (I) (S. (d.)) (d.) 220. SIGNATURE 221. PHYSICIAN'S NAME (TYPE David A.	Helen A. CARRICH 3 SEX Female Cauc. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 10	Helen A. CARRICK 3 SEX Female Cauc. Oct. 25, 1909 Wary land U.S.A. U.S.A. WARRIED NEVER MARRIED DONCED DONCED DONCED DONCED IN NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION JENOTH SUCH FACILITY ONE STREET ADDRESS. NO JIS CITY OR TOWN OF DEATH Lanham U.S.A. WARRIED NEVER MARRIED DONCED DONCED IN NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION JENOTH SUCH FACILITY, ONE STREET ADDRESS. NO JIS CITY OR TOWN OF DEATH Lanham DOCTORS HOSPITAL OF P.G. JIS CITY OR TOWN OF DEATH Lanham DOCTORS HOSPITAL OF P.G. JIS CITY OR TOWN OF OTHER INSTITUTION ARM OF THE WAS CAUSED BY JIS CITY OR TOWN OF STREET ADDRESS. NO JIS CITY OR TOWN OF OTHER INSTITUTION JIS CITY OR TOWN OF OTHER INSTITUTION JIS CITY OR TOWN OF STREET ADDRESS. JIS COUNTY OF THE INSTITUTION JIS COUNT	Helen A. CARRICK SEX

Maryland U.S.A. Prince Goodes Lands U.S.A. Prince Goodes Lands U.S.A. Prince Goodes Lands U.S.A. Poeters Posoital of R.C. Homewalker Home Maryland P.C. Poeters P.C. Poeters U.S.A. Prince Goodes U.S.A. Prince Goodes U.S.A. Prince Goodes U.S.A. Prince Goodes U.S.A. Prince Mariboro, contact of Contact U.S.A. Prince Mariboro, no ----- T.S.A. Prince D.S.A. Prince Mariboro, no ----- T.S.A. Prince D.S.A. Prince Mariboro, no ----- T.S.A. Prince D.S.A. Pr

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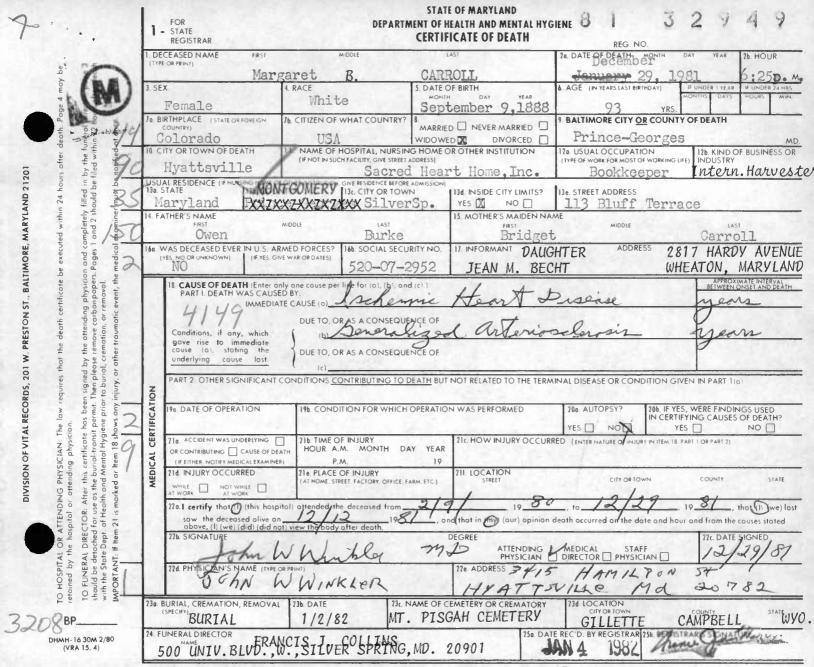
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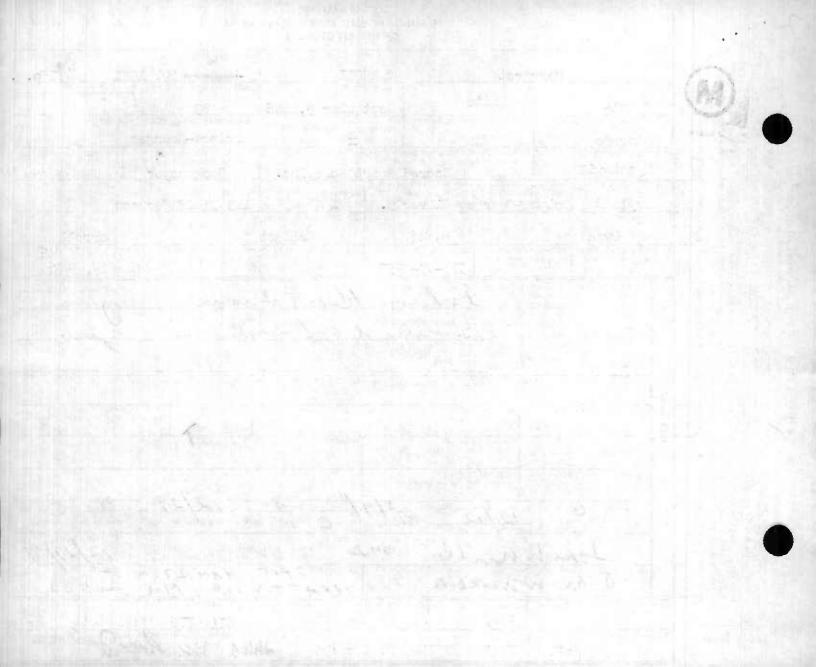
Burial 12/8/81 Ft. Lincoln Cem. Brentwood, Maryland Reall Eugenstellers

Beall Funeral Hone: 16000 Annapolis r., Bowie, Maryland 16000 Annapolis r., Bowie, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED IF UNDER 24 HRS DATE PRONOUNCED 63YRS DEAD 70. BIRTHPLACE (STATE OF 9. BALLIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Wash., D.C. WIDOWED DIVORCED 19-CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Retired Plumber USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Pr. Geo. Bradbury Hts YES K Md. NO [4405 Torque St. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Joseph Alice Phillips Carroll M. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRES 228-Shepherd St. 166 SOCIAL SECURITY NO. DIVISION (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES 578-14-7408 Mt. Rainier. Md. No Joyce Ann Dew 18. CAUSE OF DEATH (Enter anly ane cause per time for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES | NO P 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection ond in my apinian death resulted from Suicide Natural causes Hamicide Undetermined manner DATE 12-16-FXECUTE THE CALE AND A SHOULD FAGE 4 SHOULD TO FUNERAL I 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 12-19-81 Ft. Lincoln Cem. . Geo. Burial Brentwood 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH - 17** Mt. (VR A15 ME (5)) Rainier. Md. Nalley's F.H.Inc. 30M 7/73

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(VR A 15 (4))

STATE OF MARYLAND

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	ı	(TYPE OR PRINT)	ME FIRST		MIDDLE		1	AST		20. DATE KNOW	MONT	H DAY	YE AR	2b. HOUR
OR. OR.	<u> </u>		JOSEPH		VEDIC			VER	32.11	DEATH MATE	ED □ 12-		81	M
A PA	A)	MALE	1. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY 60 YRS	MONTH		UNDER 24 HE	PRONOUNCED DOA: AD	12-			2439UR 8 A M
SHAPE	17	a. BIRTHPLACE	(STATE OR	76. CITIZEN OF WH	AT COUN	TRY?	MARRIE	D NEVER	R MARRIED				ATH	413
SAN SAN	1 7		D.C.		J.S.A		WIDOWE		DIVORCED [E GEORG			MD.
BLAY IS	8711	city or tow Chev	erly		EORGE	S GENER	AL H	NSPITA	L 12a.	USUAL OCCUPATION FOR MOST OF WORKING LIF RETIPED	N (TYPE OF WORI	D. C	NDUSTR	Υ
ORE, MD. 21201 DEATH. IF ANY DEL GES 1, 2, AND 3TO M PM 3, RETAIN-M, AND 2 SHOULD BE	234	SUAL RESIDENCE STATE Md	T3b. COUN		13c CITY	OR IOWN Hgts	•	13d. INSIDE CITY	LIMITS? 13e :	SUPERADDRESS NOVE	a Ave.		9	
MD. H. H.	K I	4. FATHER'S NAJ	ME	MIDDLE		LAST		IS MOTHER'S	S MAIDEN NA	ME		LAS	T.	
DEATH. GES 1, M PM AND 2	160	Her	bert			ter		Ver	ronica			Coll:	ins	
ES PAR	NO 1	6a. WAS DECEA: (YES, NO, OR UNK	SED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOC	IAL SECURITY	NO.	17. INFORMA	Nī	ADI	DRESS			
FON ST., BALT 24 HOURS AF IDEM 18, GIVE LONG WITH PERMIT, PAGI	VISIC	Yes	WW	II		7-22-9	980	Regir	na Car	ver-Same	as #	13 8	abor	ve
HOURS M 18. G WG WIT. P	a,	18 CAUSE	OF DEATH (Enter on DEATH WAS CAUSE	ly ane cause per line	for (a), (b)	, ond (c).)						APPR	OXIMATE N ONSET	INTERVAL AND DEATH
ON SERVE	A PL	11-	MMEDIA	TE CAUSE (a) AR I				RDIOVA	SCULAR	DISEASE			200	
EST IN 2	MOM	700	tions, if ony, which	DUE TO, OR	AS A CON	SEQUENCE OF								
WITH KAN	R RE	gave	rise to immediate					M. P.						
, 201 W. PRESTON ST., EUTED WITHIN 24 HOUF I'IN PENCIL IN ITEM 18. EXAMINER ALONG W	ID MEN	lying c	(a) stoting the <u>under</u> - ause last.	(c)		SEQUENCE OI		7.90						
CORDS BE EXEC NDING' KEDICAL S A BU	REMAT		R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELA	TED TO THE TERMIN	AL DISEASE	DR CONDITION GI	IVEN IN PART 1 101					
UID WID WED A	A FE	19a. DATE	OF OPERATION	196 CONDIT	ION FOR V	WHICH OPERA	TION WA	S PERFORME	D?			20 AU1	TOPSY?	
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DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD" "ENDING" RDED TO THE CHIEF MEDICAL R3 SHOULD BE USED AS A B UIS	SR TO E	UNDERLYI	NAL CAUSE WAS NG OR ITING CAUSE OF I	216 TIME OF HOUR A.M. DEATH P.M.		DAY YEAR	21c. HO	W INJURY O	CCURRED 1EN	TER NATURE OF INJURY IN I	TEM 18 PART 1 OR	PART 2)		
DIVISION CERT WRITING WARDED 'AGE 3 SH	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE, DI BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	21d INJURY WHILE AT WORK	Y OCCURRED NOT WHILE AT WORK	21e. PLACÉ C STREET, FACTI			21f LOC	ATION		CITY OR TOWN		COUNTY		STATE
WNER: FICATE, F FORV	AND,		ertify that I took charg	ge of the remoins desc rol causes X.	ribed obo	ve, held on	Autops	Hamicide	nspection D	Inquiry X,	ond in my	apınıan		
EXAM CERTIN DILD B	WARY	ACTUAL	Aug	A XX	2,	· · · >		TITLE (SPE	CIFY)	determined indinier	DAT.		l. 01	
SHOE SHOE	ORE, I	SIGNATUR	it Charles	210 1. Va	July	any .	M	DEPUTY	Λ	MEDICAL EXAMINER	SIGI	E 12-1	4-81	
MED MECUTION AGE 4	ALTER OF THE STATE	EXAMINER (TYPE OR P	RINT)AUGUS		DRIGU						AMP SPE			
2780	< € € € €	(SPECIEV)	MATION, REMOVAL	136. DATE 12-18-81		lame of cemi				LOCATION CITY OR TOWN Highland			748,	TE.
DHMH-		14. FUNERAL DIR	RECTOR					[250	DATE REC'D	BY REGISTRAR 256	REGISTRAR	SIGNATOR	E Up	^
(VR A15 M) 15M 2/1		H.S.WA	SHINGTON +	50NS 492	1	>URKOU	chsi	AVE. CV.	5 4 7 A	1301 F	Tuno.	1	- THE PERSON	Ν.

75-1 10103436 - 163200 MALE MITE 9-3-21 1 1 - 1 P 24,500 301199

DRINGE GENERAL HOSPITAL

ARTERTOSCILEROTTIC CARDIOVASCILLAR DISEASE

19-14-81 DEPOTY 19-14-81

AUGUSTO P. ROUNIGUET .M.D. SONG RAYEURN CT. CAPP SERTINGS, PT. CEP. EH 705 . CM

- 4 3	1			STATE OF MARYLAND	Ch 1	20057
2	1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE O	S 60 2 5 60
	' '	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
	1. DE	CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
e & £	ITYPI	ELL	1 Full	CHAUDERS		2125 MR1 1:500
deode			2011	CHAMBERS	/	21 20 1101 6. 2 AM
\$ 19.3d \	3. SE		1 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER TYEAR IF UNDER 24 HRS
1 197.		Female	Caucasian	JUNE 20, 1886	95	YRS.
0	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8.	9 BALTIMORE CITY O	COUNTY OF DEATH
£- 07	11	askington D.C.	1150	MARRIED NEVER MARRIED WIDOWED DIVORCED	Durage	George's Cty. MD.
ed o	10. C		11. NAME OF HOSPITAL NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	DN D26. KIND OF BUSINESS OR
# # # # J	1	, 1	I IF NOT IN SUCH FACILITY, GIVE STREE	(ADDRESS)	FUNERA PER	WORKING LIFE) INDUSTRY
200 urs of file	#	iondale-	Carroll Ma	nor Nursmo Home	HOUSEL	ise Rol At Home
ho ho	13a	STATE 13b COUL	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	VN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	. 54
AND 124	M	aryland Poin	ce Geo. Temple H	YES NO	5075 Tem	ale Hills Road
RYL, within within all 2 st	14. FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		
4		HENDIA	- Toutals	MARI	MIDDLE	MC KENNA
RE, M.	160. V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b SOCIAL SEC	JRITY NO. 17. INFORMANT	ADDRE	SS 5075 Temple Wille P.I
MORE or execution on a company of the company of th	- (VE WAR OR DATES) 21/-28/-	5367AWW Cham	1000 San	E 1 1/11 AA 1
F 0 0 0 0 √	-	yes w.	012		bers-Jon	Temple Hills Md. 26748
, BAL icote hysici poper ovol. int, th		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b), ar		F	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., B. artifica an page emange			TE CAUSE (a) CARDIO	- KESPIRATORY	PALLURE	2 DAYS
A corporation of the corporation		4140	DUE TO, OR AS A CONSEQU	ENCE OF	11 D.	
PRESTON he death c me offendir mation, or r traumatic		Conditions, if any, which	(B) ARTER	10 SCLEROTIC 1	HEART US	DSE I YEAR
the campon arter the campon are the campon		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENICE OF		THE VAN THE WORLD TO SERVE
Se se		underlying cause last.	DOE TO, OR AS A CONSEGU	ENCE OF		
201 pleo uriot		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINIAI DISEASE OR CONIC	DITION CIVEN IN CART 1/-
	Z	TOTAL STORM SERVICE	continons <u>committed for to</u>	DEATH BOT NOT KEEPIED TO THE TERM	WINAL DISEASE OR COINE	THOM SIVEN IN PART 1(0)
0 0 0 0 0	CERTIFICATION	190 DATE OF OPERATION	18h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
REC low os b os b	5	THE DATE OF CLERATION	The condition tok which	OF ENAMED WAS TENIORMED		IN CERTIFYING CAUSES OF DEATH?
TALRI The lo icron. The lo icron. The lo shaws	E				YES NO	YES NO
I OF VITA I OF VITA I OF VITA I OF LITA I OF L		210 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE.		AY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
SICIA ng ph certifi uriol-tr	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
HYS and Man	MEDI	21d INJURY OCCURRED	21e PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE	21f. LOCATION	CITY OR TO	WN COUNTY STATE
DIVISION OF DING Process of the morked	2	MHILE NOT WHILE AT WORK	(AT HOME STREET, PACTORY, OFFICE	FARM, CIC-)		
D DIN OF SE O		220 I certify that (I) (thes haso	utal) attended the deceased from.	JAN 1 1981	L. to DEC	25 19 2 that (1) two lost
or o		sow the deceased alive an	12-25-81 19	, and that in (my) (cor) opinian	death accurred on the da	te and haur and from the causes stated
AT A		22b. SIGNATURE	view the bady after death.	DEGREE		224. DATE SIGNED
H H H		1	00018	ATTENDING	_ MEDICAL _ STAF	F 12 22 12.01
ERAL ANT:		224 PHYSTCIAN'S NAME LITYPE	ce y 11 ouque		DIRECTOR PHYSIC	IAN 17 23 87
HOSPITA ned by FUNERA JIA be de de tre Stat ORTANT		ZZO. PHYSICIAN S NAME TYPE	ORPRINT)	22e ADDRESS	nu Du	V. Paula Man
TO HOSPITAL TO HOSPITAL Should be de with the Stoti		SAMUEL	1. N. UGAR	4621 CASTE	EN WE,	TT. NAINIE, 10201/2
17095	23o. I	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COMMING
BP	1	BURIAL	DEC. 29. 1981 F	+ Lincoln Mausoku	In Rose Lui	and PG Che Mid -
DHMH-16 30M 2/80	_	UMERAL DIRECTOR	1 3 1011	Ristant - 1 250. DA		256 REGISTPANS SIGNATURE
(VRA 15, 4)	In	. W. Chamber	rs Co. SROI Cleve	land Ave Md TIM	NA 1982	frame of

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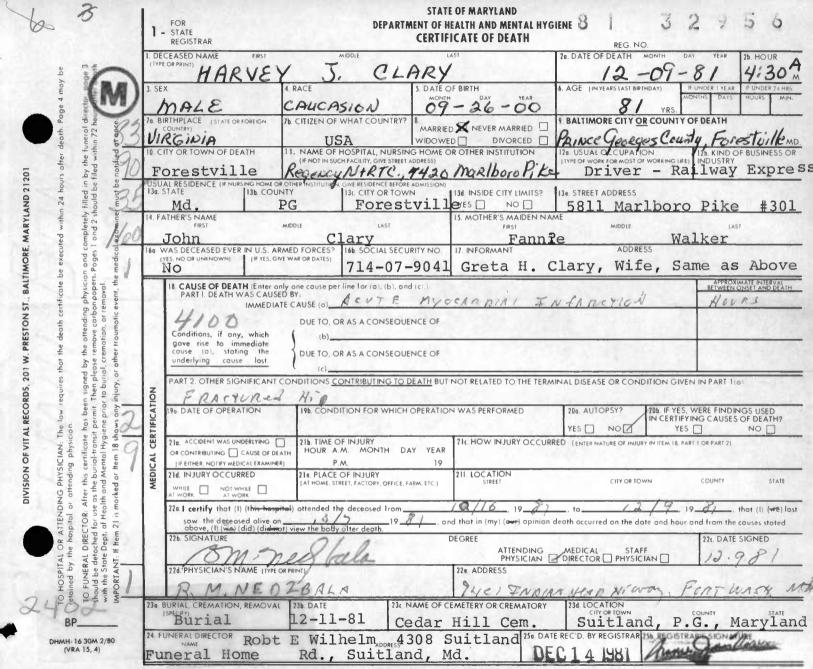
the good process and 18-4-81 188 8 330 PER STATE OF THE STAT

	REGISTRAR DECEASED NAME	FIRST	MIDDLE	LAST	ATE OF DEATH	REG. NO.	ONTH DAY	YEAR	2b HOUR
	TYPE OR PRINT)	WILLIAM	M	CHI	SLEY		12 31	81	8:05PM
3	MALE	4 RAC	ACK	May 5,		6 AGE (IN YEARS LAST BIRTH	DAY) IF UI	MDER TYEAR	IF UNDER 24 HRS HOURS MIN.
2/7	BIRTHPLACE (STATE (Washington	, D.C. T	J.S.A.	WIDOWED [9. BALTIMORE CITY OR PRINCE GEOR	COUNTY OF		MD
54	CHEVERLY	PRÍ	NCE GEORGE	S GENERAL		120 USUAL OCCUPATIO		26 KIND OF NOUSTRY Engray	r BUSINESS OR ving Co.
3/17	SUAL RESIDENCE (IF NO 30. STATE	NO COUNTY NA	ASTITUTION GIVE RESIDENCE BE 131 CITY OR T Washin	FORE ADMISSION) OVEN JEON 130 Y	I INSIDE CITY LIMITS?	622 Nichols	on St.	N.W.	
exomine	William J.	Chisley	LAST		Nellie E. H			LAST	
3 medicol	WAS DECEASED EVI	(IF YES, GIVE WAR OF			y E. Chisle	ADDRESS ey, wife, 622	VWC 5	ngton Ison	D.C. St.NW
or other troumotic event,	Conditions, if or gove rise to i couse (o), sto underlying cou	WAS CAUSED BY IMMEDIATE CAUSING IV, which mediate the see lost.	JE TO, OR AS A CONSE (b)	DUENCE OF LEBRAN ;	NG CANCIA	PANNEL PAMOUS CELL VONA TO BRI	And		MATE INTERVAL
ws ony injury.	PART 2 OTHER SH		CONTRIBUTING			200 AUTOPSY?	TION GIVEN I 20b. IF YES, WE IN CERTIFYING	RE FINDIN	GS USED
	210. ACCIDENT WAS LED OR CONTRIBUTING LETTER NOTIFY ME 214 INJURY OCCU	CAUSE OF DEATH DICAL EXAMINER)	D. TIME OF INJURY IOUR A.M. MONTH P.M.	DAY YEAR	HOW INJURY OCCUR	YES NO	YES	OR PART 2)	ио 🗍
Smorked	220 I certify that	while (A)	ended the deceosed from 12/3/	m 12/2	STREET . 19. 87	city or town	194	COUNTY	hor (I) (Ve) last
	22b. SIGN TURE	(did) did no view	the body ofter deoth.) DEG	REE	MEDICAL STAFF		22c. DATE S	
IMPORTANT: If Item 21	1	JAME ILVES DE DO	any me	1 22		DIRECTOR PHYSICIA	'N 🗌	/ /	
MPORTANT	22d. PHYSICIAN'S PS CH	ISSLE R	mo		e ADDRESS CERT OR CREMATORY	DIRECTOR PHYSICIA	OR	MES	N6610 20770

YEJEHO WIJ. PRINCE CORRETS COUNTY CHEVERLY PRINCE GERGE'S GENERAL HOSPITAL

1.	FOR		DEPARTMENT OF	HEALTH A	ND MENTAL H	YGIENE	3	2 9	5	5
11-	STATE REGISTRAR	MI	DICAL EXAMI				REG. NO.			
		FIRST	MIDDLE	LAS	sť	20. DATE OF	KNOWN X	MONTH DAY	YEAR	26. HOUR
	TAE		KYU	СН	0		MATED 1	12-20	1981	М
3. SE		5. DATE OF BIRTH	6. AGE (IN	YEARS IF UNDE	R 1 YR. IF UNDER	24 HRS. 2c. DAT		MONTH DAY	Y YEAR	2d. HOUR 35
M	ALE Kore	0-311-41	40	YRS.	DATS HOOKS	DEA	.D	12-20	198 1	3 PM
A IF	BIRTHPLACE (STATE OR OREIGN COUNTRY)		VHAT COUNTRY?	8 MARRIED	XX NEVER MARR	IED 9. BALTI	MORE CITY OR	COUNTY OF	DEATH	
7	Corea	Koı		WIDOWED			RINCE G	EORGES		MD.
4	CITY OR TOWN OF DEATH		SPITAL, NURSING HOA FACILITY, GIVE STREET ADDRESS		INSTITUTION	12a. USUAL OCCI	ORKING LIFE)		CIND OF BUS OR INDUSTRY	INESS
	LIVERDALE JAL RESIDENCE (IF IN NURSING		ERSET Road			Mechan	ic	Aut	tomoti	ve
B130	STATE 13b.	COUNTY P.G.	13c. CITY OR TOWN Riverda	le la	d. INSIDE CITY LIMITS? YES 🔀 NO 🔲	13e. STREET ADDR	RESS omerset	Road		
/	ATHER'S NAME	WIOOFE	LAST	15	MOTHER'S MAIDI	EN NAME	MIDDLE		LAST	
	First Name U		Cho	ITY NO. 117	Unknown		ADDRESS	Addres	98 500	10 20
		(ES, GIVE WAR OR DATES)	220-70-5	400	Mrs. Myo	ne Hui C		No# 13		ic as
			1		rirs. Myo	ng nui c	110		APPROXIMATE II	NTERVAL
	PART I DEATH WAS		TGUN WOUND	OF THE	HEAD			BE	TWEEN ONSET	AND DEATH
1	9551m	ALDIAIL CHOOL (0)	R AS A CONSEQUENCE		· IILAD					
	Conditions, if any,									
1	gave rise to imm couse (o) stoting the		R AS A CONSEQUENCE	OF						1
	lying couse lost.	(c)								
	PART 2 OTHER SIGNIFICANT COM	IOITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TE	RMINAL DISEASE DI	R CONDITION GIVEN IN PA	ART 1 (a),				
O N										
3	19a. DATE OF OPERATIO	N 196. COND	ITION FOR WHICH OP	ERATION WAS	PERFORMED?			20	AUTOPSY?	
CERTIFICATION									YES 🗌	NO X
100	UNDERLYING OR	HOUR A.	M. MONTH DAY YE	AR	V INJURY OCCURRE		NJURY IN ITEM 18 PA	ART 1 OR PART 2)		
MEDICAL	CONTRIBUTING CAU		M. 12-20 18	1 SELF	-INFLICTE	ED				
MED		ILE STREET, FA	CTORY, FARM, ETC.)	STRE	EET	CITY OR 1		COUNTY		STATE
	AT WORK AT WORK	HOME		6300	SOMERSET			R. GEOR	GES, 1	MD.
	22a I certify that I too	k charge of the remains d			. Inspectio	on 🗶 , Inquir	y 🗓, ond	in my apinion		
	death resulted fram:	Natural causes .	Accident,	Suicide 🔼 ,	Hamicide	Undetermined r	nanner			
	ACTUAL A	millo DX	adi med		TITLE (SPECIFY)			DATE		
	SIGNATUR	Thou L'A	augus	M.D	DEPUTY	MEDICAL EXA	MINER	SIGNED12	2-20-81	
9	EXAMINER'S NAME (TYPE OR PRINT) AUC	CHETO D DOD	010/15-							
22.	BURIAL, CREMATION, REMO		RIGUEZ , M.		ODRESS 000 P	AYBURN C	CAMP.	SPRING	S, MD	2074
230.	(SPECIFY) Burial	12-23-8			Cemetery	23d LOCATION CITY OR TOWN Brentw		P.G.	Mara	land
24.	FUNERAL DIRECTOR				250 PATE	REC'D. BY REGISTE	AR 25b. REGIS	TRAR'S SIGNA		Lanu
F	Gasch's So	ns F.H. P.	A. Hyatts.	Md.	UEL	24 1981	Trancas	0:0	War	4
						00	Ularica		MAKE	

1-1-1 ARLE ORIENTAL E-30-41 40 -- -Koroa PRINCE GEORGES STATESOALE 6300 SOMEREET 1887# The last fearer and a simple of the fearer and the factors and management series .ucl to und is none .rang toke small DATE OF THE CHAIN PASTONS X HAVE UZDU SOMERSET ST.RIVERDALE, PR. GEORGES, NO. 12-20-11 AUGUSTO P. RODRIGUEZ , M. D. SRON RAYHURH CT., COMP. SPRINGS, MC. ROZA



THE VIVE STATE OF THE SALE OF THE SALE Said the Lord Said Said Said

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HE

ALTH AND MENTAL HYGIENE		J	line	2	2)	
CATE OF DEATH	DCC NO					

							ICATE OF DEATH	RE	G. NO			
		CEASED NAME	FIRST OD YAN	(an	MIDDLE	COL	7	20 DATE OF DEA		DAY YEA	R 2b.	HOUR
			FLOREN	CE	H.	COL	IEE		12	178	(4P
	1. SE			4 RACE		5. DATE C		6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER I		NDER 24 H
	200	IALE		WHITE			y 16, 1902	79	7 YR	S.	AYS HO	URS M
5	TELLIRIHPIACE (STATE OR FOREIGN			U.S.A. WARRIEL WIDOWE			NEVER MARRIED DIVORCED	Prince George's				
3		ITY OR TOWN OF Riverdale					ial Hospital	120 USUAL OCCU			Home	
5	130. 3	ALRESIDENCE (IF STATE Iryland	NURSING HOME OR PINC	other institution	GIVE RESIDENCE BEFORE 13. CITY OR TOW Chever1	/N	13d. INSIDE CITY LIMITS? YES NO	13e 2405 C	heverl	y Avenu	1e	
0	14. F.A	William	ı S	WIDDLE	Purnell		15. MOTHER'S MAIDEN NA. Florence	ME . MID	DDLE	Maddox	LAST	
1	180 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO. 1900) (IFYES, GIVE WAR OR DATES) 216 58 8569 B. Franklin (me as	#13 (H _t	sbar	nd)
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		Conditions, if gove rise to couse (0), st underlying co	immediate toting the)		ery	Carcino			3	year	ho
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etained by the haspital ar

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with

Burial 12/21/81 Francisco Gasch's Sons Funeral Home, P.A. Hyattsville, Md.

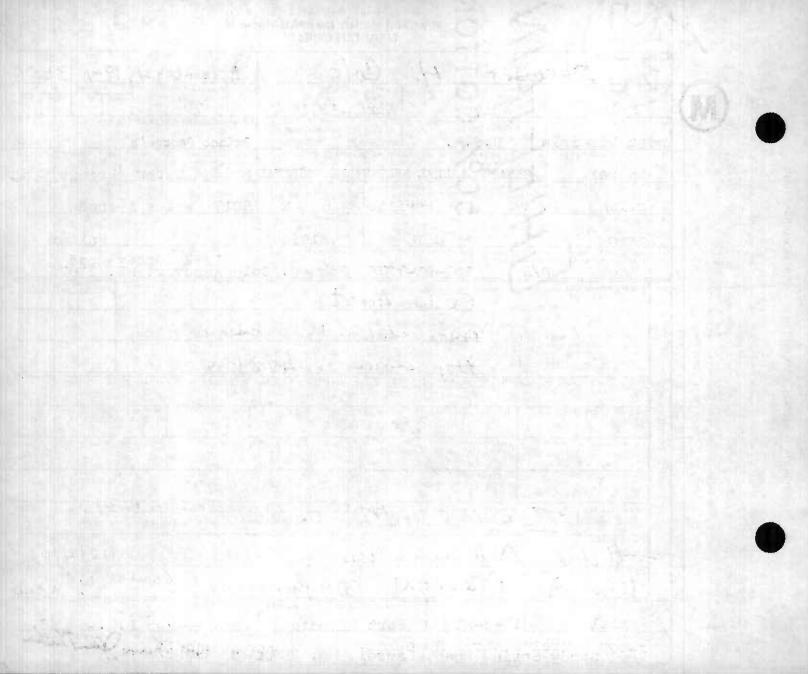
Millington Cemetery

Millington DEC 2 1 1981

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USES while, we.



Leonardtown, Md.

FOR

- STATE

REGISTRAR

W. Clarke Mattingley

(VRA 15, 4)

STATE OF MARYLAND

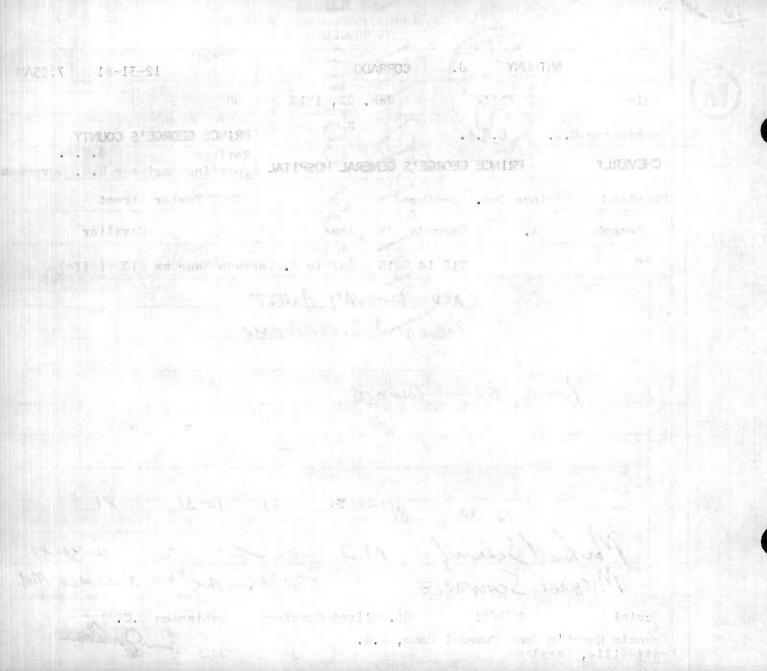
CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12-13-81 2:15	X is	38	J	FOARIC	
CE GEORGE'S	PRIM		WE S		
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ala 817		49			
J. J. J. W. 12 1. 5					

2847 Wilson Blvd., Arlington, Virginia 22201

Charles and grant and acceptance of the con-



STATE OF MARYLAND DEDARTMENT OF HEALTH AND MENTAL HYCIENE

3	2	1	6	2

- STATE REGIST	RAR			CERTIF	ICATE OF DEATH	REG.	٧٥.	(a.m)	
1. DECEASED N (TYPE OR PRINT)	NAME FIRST Minr		W		riea	20. DATE OF DEATH	MONTH /2 -	7-81	26 HOUR
3. SEX		RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY	IF UNDER I YE	AR IF UNDER 24 HRS
Fema1	e V	Thite		Sep	PM as	The lates	76 YRS	MONTHS DAY	S HOURS MIN
	E STATE OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	18	NEVER MARRIED	9. BALTIMORE CITY	- mo	Y OF DEATH	
Va.		U.S.A		WIDOWE			Geo.	M	
	Andrew Control of the								OF BUSINESS OF
USUAL RESIDE 136 STATE Md.	NCE (IF NURSING HOME OR OT 136 COUNTY Pr. G.	1	GIVE RESIDENCE BEFORE		138 INSIDE CITY LIMITS? YES A NO	13, STREET ADDRESS	La Sa	lle R	d.
		DLE	LAST White		15. MOTHER'S MAIDEN NA FIRST Jennie	WIDDLE			ite
160 WAS DECE (YES, NO OR L NO	ASED EVER IN U.S. ARME NKNOWN) (IF YES, GIVE W		166 SOCIAL SECU 057-07-		John Corr	ADD Piea (Hust		Samabo	e as ve
Condition gove couse	SE OF DEATH (Enter only I. DEATH WAS CAUSED IMMEDIATE Only, if only, which rise to immediate (a), stating the ing cause lost	DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE AVERAGE	NCHOR-	atory face and netasta	lures twlit in the front	mbae	m	Weeks Leeks Leeks Leeks Leeks
	OTHER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISPASE OR CO	NDITION G	VEN IN PART	1(0)
210. ACCI	OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	S, WERE FINI IFYING CAUS	DINGS USED ES OF DEATH?
OR CONT	DENT WAS UNDERLYING [] RIBUTING [] CAUSE OF DEATH , NOTIFY MEDICAL EXAMINER]	21b. TIME O HOUR A P	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	IURY IN ITEM 18	PART 1 OR PART 2	2)
WHILE AT WORK	DRY OCCURRED NOT WHILE AT WORK	21e. PLACE ((AT HOME, STE	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.]	214. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
226.1 cer	tify that (1) (this hospital the deceased alive an ve. (1) (we) (did) (did not) y	Nec	5 19 6	3/ or	29, 19 nd that in (My) (our) opinion DEGREE ATTENDING	death occurred on the			he couses stated

TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of Hee

DHMH - 16 50M 7/77 (VRA 15 (4))

236. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE

224 PHYSICIAN'S NAME (THE DEFENT)

Richard P. Delaney, M.D.

230 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d. LOCATION

4323 Havard Street, Silver Spring, Md. 20906

COUNTY

STATE Md.

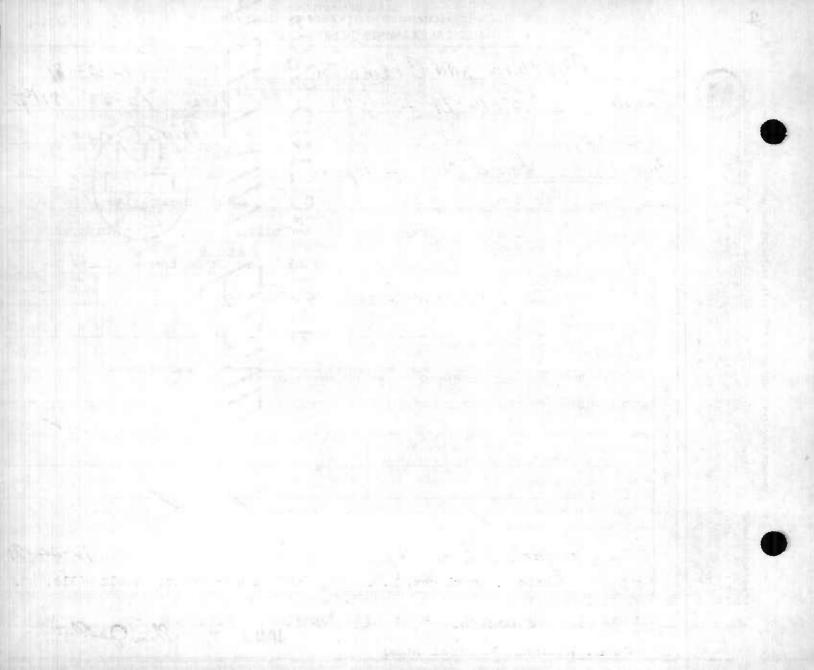
12-11-81 24. FUNERAL DIRECTOR Naffey's F.H.Inc. Mt. Rainier, Md.

Ft. Lincoln Cem. Brentwood Fr. 256. DATE REC.D. BY REGISTRAR 256. REGISTRAR 256.

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	and Sold and	May 18th	CONER, 3M	ati di tatanahi li da	
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1	1 -	FOR		STATE OF A	MARYLAND H AND MENTAL HYGIEN	le i 3	2 4 6 4
	1-	STATE REGISTRAR		DICAL EXAMINER'S	*44	TH REG. NO.	
		CEASED NAME	ST	WIDDLE	LAST	20. DATE KNOWN AM	ONTH DAY YEAR 26. HOUR
23939		Cy.	nthia A	INN Crampi	in	DEATH MATED	2-231981 M
	3. SE	2	5. DATE OF BIRTH MONTH DAY	YEAR LAST BIRTHDAY) MON	NDER 1 YR. IF UNDER 24 HRS.	PRONOUNCED	-23 19 8/10 M
30078		IRTHPLACE (STATE OR	76. CITIZEN OF WI	HAT COUNTRYS 18	RIED NEVER MARRIED	100	OUNTY OF DEATH
SAN DE E		Maryland	US		_	prince 6	LOVQUS MD.
S S S S S S S S S S S S S S S S S S S	10	aurel aurel	Saure!	Delta VILLE HOP	FOR	JAL OCCUPATION (TYPE OF) MOST OF WORKING LIFE) ependent	WORK 128 KIND OF BUSINESS OR INDUSTRY
ANY DE ANY DE PULID B PECORDS	13a. S		OME OR OTHER INSTITUTION, GROUNTY Pr Geo	13c. CITY OR TOWN Laurel		eet address 88 Cherry 1	Lane
MON STATE	14. F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAME	MIDDLE	Scribner
MORE. N ER DEATH PAGES 1. ON ORM PM DN ORAUT	160.1	Ronald WAS DECEASED EVER IN U.S	Lee	Crampton 166. SOCIAL SECURITY NO.	Judith IT INFORMANT	A. ADDRESS	scribner
IRS AFTER I GIVE PA WITH FOR			, GIVE WAR OR DATES)	Unknown	Ronald Lee	ner	Same as #13
COURS COURS NAIT P		18. CAUSE OF DEATH (Ent PART I DEATH WAS CA	er only one couse per line	for (o), (b), and (c)	a destroit		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST ITHIN 24 HOL CILL IN ITEM 11 VER ALONG ANSIT PERMI AL HYGIENE, REMOVAL.		7839 IMM	EDIATE CAUSE (0). DUE TO, OR	AS A CONSEQUENCE OF	o ny o magni		
I W. PRES. D WITHIN PENCIL IN AMINER A AMINER A FUNDER A CONTRACT OF THE PROPERTY OF THE PROPE	-	Conditions, if any, v	diote (b)				
RDS, 201 W. EXECUTED W NG" IN PEN CAL EXAMII A BURIAL-TR 4 AND MENT WATION, OR		cause (a) stating the <u>u</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE OF			
S MODE N	N N	PART 2 OTNER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1 (a),		
VITAL RESPONDED OND "PER AND	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATION	VAS PERFORMED?		20 AUTOPSY?
NI SHO	RTIF	210. EXTERNAL CAUSE WA	AS 21b. TIME O	F INTURY 21c I	OW INJURY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18 PART	YES NO .
CERTIFICATE CERTIFICATE TING THE W DED TO THE DEPARTMEN PRIOR TO B		UNDERLYING OR	44-11-4	A. MONTH DAY YEAR	The state of the s		
DIVISION OF VITAL REC R: THIS CERTIFICATE SHOULD IN TIE, WRITING THE WORD "PEN SWARDED TO THE CHIEF AN R: PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA D, 21201 PRIOR TO BURIAL, CI	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHIL AT WORK AT WORK	STREET SAC	OF INJURY (AT HOME, 21f. LOTORY, FARM, ETC.)	OCATION STREET	CITY OR TOWN	COUNTY STATE
FER: T VATE, PORE, PA ND, 2		22a. I certify that I took	charge of the remains	scribed obove, held on Auto	psy , Inspection .	Inquiry , ond in	my opinion
L EXAMINER: 1 E CERTIFICATE, DULB BF FORW. I. DIRECTOR: P H, WITH THE SI		deoth resulted from:	Notural causes .	Accident , Suicide	J, Hamicide L Under	termined monner,	
AL EX. WALDURANTE		ACTUAL SIGNATURE	gurto YX	they wel	Donuter	DICAL EXAMINER	DATE 12-24-81
TO MEDICAL EXAMINATION OF THE CERTIFICATION OF THE	35	EXAMINER'S NAME A	gusto P. Roc	driguez, M.D.	ADDRESS 5009 Raybu	rn Court, Ten	mple Hills, Md.
PEXE BAL BAL	23a.1	BURIAL, CREMATION, REMOV		23c. NAME OF CEMETERY	OR CREMATORY 23d. LO	OCATION FOR TOWN	COUNTY STATE
BP_		Burial FUNERAL DIRECTOR		81 Cedar Hill		v REGISTRAR 125 REGISTRA	DC Md
DHMH - 17 (VR A15 ME (5))		obert E. Wi		Suitland, Mo	JAN 4	1987 Manu	Jan 198
15M 2/80		Caron Car, Ma					



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V	1.	FOR STATE			HEALTH AND MENTAL HY IFICATE OF DEATH	GIENE O	0 6	in 7	0 0
	1.05	REGISTRAR CEASED NAME FIRST	MIDDI			REG. NO			- 300
m £		CEASED NAME FIRST			LAST	20. DATE OF DEATH	MONTH DAY		26 HOUR
1.	2 07			CRA			12-09		6:20AM
)	3. SE		4 RACE	10M		6 AGE (IN YEARS LAST BIRT		UNDER TYEAR	HOURS MIN
	7. 0	Female RTHPLACE (STATE OR FOREIGN	Whit	110	r. 8, 1901	80	YRS.		
117		COUNTRY)	76. CITIZEN OF WHA	MARR	IED NEVER MARRIED	9 BALTIMORE CITY OF	-		
5//		ITY OR TOWN OF DEATH		WIDOV	VED DIVORCED DIVORCED				A
到山		EVERLY			ERAL HOSPITAL	120. USUAL OCCUPATION		INDUSTRY	F BUSINESS O
0/1		AL RESIDENCE (IF NUMSING NOME				Housewife		Own I	lome
35	130. 3	STATE 13b. CO	UNTY 13c.	CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
80			lvert Po	rt Republic		Kenwood	Beach		
OE IN	14 FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N.	AME		LAST	
1×76	_	arles	J.	Norris	Helen	Aman	ida	Beal	
medical		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	Audr	ess Sa	me as
Ed	No		5	77-03-2613-	B Benjamin F.	Cratty, Sr.	No#	13e.	
t, t	195	18 CAUSE OF DEATH (Enter	only ane cause per line					BETWEEN	MATE INTERVAL
even		PART I, DEATH WAS CAU	ATE CAUSE (a)	30					
otic	119	4554	DUE TO OR AS	A CONSEQUENCE OF	0 0 1	0			
Froum		Conditions, if ony, which	((b)_C	meetine	Seort for	elune		15-215	
		gove rise to immediate cause (a), stating the	DUE TO OR AS	A CONSEQUENCE OF	~ /				
		1 1	1002.0,011.43	A COMSEGUEITCE OF					
r other		underlying cause last.	((c) C6	rdiongo	youth			31333	
ō		PART 2 OTHER SIGNIFICAN	(c) (c) (onte	RIBUTING TO DEATH B	IT NOT RELATE TO THE TER	WINAL DISEASE OF COND	ITION GIVEN	IN PART 11p	
ry, or	NOI		(c) T CONDITIONS <u>CONTR</u>	RIBUTING TO DEATH BO	IT NOT RELAZED TO THE TER/	MINAL DISEASE OF COND	OITION GIVEN	IN PART 110	
0 0	ICATION		T CONDITIONS CONTR	Pocanto	IT NOT RELAY O TO THE TER/	VINAL DISEASE OF COND	206. IF YES, W	VERE FINDIN	GS USED
ws any injury, or	RTIFICATION	PART) 2 OTHER SIGNIFICAN	Lystone ?	Pocanto	T NOT RELAND TO THE TERM	Deliteo	AS	VERE FINDIN	GS USED
18 shows any injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICAN 114 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	I'm CONDITION	FOR WHICH OPERATI	21c HOW INJURY OCCUR	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	VERE FINDIN NG CAUSES	GS USED OF DEATH?
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ROSERT DELTE M.D.

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	3. SE	x ale	White	5. DATE OF BIRT	1932	6. AGÉ (IN YE) LAST BIRTHDA	Y) MONT	DER 1 YR.	IF UNDER		DATE	VCED .	MONTH 12	DAY		2d HOUR 8: 20 D: M
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1	G	ATHER'S NAME FIRST eorge		erbert		Curtis		I	va.	EN NAME	٨	AIDDLE]	Day	LAST	
	160. V	VAS DECEASED	EVER IN U.S. AR/	MED FORCES? WAR OR DATES)		42 563		Jenni		Curti	8 5	ADDRESS Same a		3 (Wife)	
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2	CERTIFICATION	19a. DATE OF	OPERATION	19b. CON	DITION FOR	WHICH OPERA	W MOIT	AS PERFOR	MED?		19				AUTOPSY?	NO 🛣
3		21a. EXTERNAL UNDERLYING CONTRIBUTIN	CAUSE WAS OR IG CAUSE OF I		OF INJURY .M. MONTH .M.	DAY YEAR	21c. HC	OW INJURY	OCCURRE	D (ENTERNAT	TURE OF IN	TURY IN ITEM 18	PART 1 OR PA			110
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	23a.B	URIAL, CREMAT	ION, REMOVAL 2	3b. DATE 12/4/81		dar Hi				23d LOCA	tlan	d P	•G • cou	Ma	rylan	ď
	F.	Hyatts	asch's Sville, M	ons Fune aryland	ral Ho	me, P.	١.		25e. DATE	E B BAR	GISTY	8 75b REGI	PARES !			y T

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#6	1 - ST				DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								2	6	8
% e. i.i. %	1. DÉCE	ASED NAME		mes	WIDDIE	onard	l	Davi:		2a.	DATE KNO OF EST DEATH MAT	WN A	MONTH D	9 19 81	26 HOUR
CESSARY, PLEASI VERAL DIRECTOR COR YOUR-FILES MITHIN THOUR PRESTON	M M		White	5. DATE OF BIRTH 4-26-1	8 YEAR	6. AGE (IN YEA	Y) MONTHS	DER 1 YR.	IF UNDER 24		DATE ONOUNCED DEAD	٨	12-2°	9 19 81	2d. HOUR 8P
S NECESSARY, PI FUNERAL DIREC E 5 FOR YOURA W. PRESTON	Vi	HPLACE (STA SN COUNTRY) rginia		76. CITIZEN OF WE			WIDOWE	D 🗆	VER MARRIED		Prince			OF DEATH	MD
ZEOES/	lla	attsvi	TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (FOR STREET ADDRESS) DENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)									(TYPE OF WORK 121 KIND OF BUSINESS			
D. 21201 IF ANY DELA 2, AND 3 TO 3, RETAIN PR 5 SHOULD BE I	Mary	land	13b COUNT	e George	13 CITY	OR TOWN		3d. IHSIDE CI YES 🏝	NO [35606	ASSESS A	venue			
M. HH. 2	Ja	TER'S NAME		MIDDLE	Davis			Sus		INAME	MIDDLE		a da	LAST	
BALTIMORE S AFTER DEA GIVE PAGES ITH FORM F PAGES I AN WISION OF	Yes	O, OR UNKNOW		ED FORCES? OR DATES) one couse per line	233	IAL SECURITY		IT. INFORM	an L.	Davi		e as	#13	(Wife))
CORDS, 201 W. PRESTON BE EXECUTED WITHIN 24 H VOING" IN PENCIL IN ITEM COLOL EXAMINER ALON S.A BURIAL - TRANSIT PER ITH AND MENTAL HYGIER REMATION, OR REMOVAL		Conditions gove rise couse (a) s lying coust		CAUSE (a) DUE TO, OR (b) DUE TO, OR (c) ONTRIBUTING TO DEATH R	AS A CONS	SEQUENCE C)F		ukemia H GIVEN IH PART		n compl	licat	ions		
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NAW WIT	DICAL	NDERLYING ONTRIBUTING	G CAUSE OF D	P.M.	MONTH		21f. LOC		OCCURRED		IRE OF INJURY IN	ITEM 18 PART	COUNTY		STATE
TO MEDICAL EXAMINER: 1 TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV PAGE 4 SHOULD BE FORV POPENTER DEATH, WITH THE SIS BAUTIMORE, MARYLAND, 3	A SI	CTUAL GNATUR	Ave	of the remains described courses (X),	Accident	Sui		Homico TITLE (SI	PECIFY)	UndetermMEDICA	Inquiry X, ined monner LEXAMINER		010112	12-29- ngs, N	
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DHMH - 17 (VR A15 ME (5)) 15M 2/80	Pran Hy	attsvi	lle, Md.	ns Funera	T Hon	ne, P.A	•		JAN 5	C'D. BY RE		mi		ATURE CARRE	

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d e e e e e e e e e e e e e e e e e e e	11486	Amie L. Degering.	2/ 1981 2:15
(10)	1.587	FENALE WHITE "Civil 23- 1896 85 YRS.	MONTHS DAYS HOURS
14	2	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED WINEVER MARRIED PRINCE GEORGE 18. MARRIED NEVER MARRIED PRINCE GEORGE	PEES
1 84		17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION [IF NOT IN SUCH PACILITY, GIVE STREET ADDRESS] GREATER LAUREL HOSPITAL	126. KIND OF BUT YES
A house out the second tree out the second tre	130	LERSIDENCE IN THE DISCOUNTY IN THE PROPERTY ON TOWN IN THE INSIDECITY LIMITST THE STREET ABORRES (S)	. DA 200
4 4575	14. FA	THER SNAME OF IS MOTHER'S MAIDEN NAME MODILE THE	aca Jan
and core		AS DECEASED EVER IN U.S. ARMED FORCEST THE SOCIAL SECURITY NO. IF INFORMANT ADDRESS IS NO OR UNKNOWN I IS NOT ONE WAR OF DATEST	1
and the part of th		18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:	APPROXIMATE RITERY BETWEEN CHIST AND D
ng phy riemos cerem	1	IMMEDIATE CAUSE (0) CARDIO PULMONARY ARREST	
denth other co stem o		Conditions, if any, which (b) UEVERSON ASCULAR OCCLUSIVE DISEASE	Byrs
by the come other to		give rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF MYELDIMA	6mo
signed ben ple to buria	Z O	PART 7. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	EN IN PART 1(a)
1119	FICATION	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH
Cott hypecory Hyperon	CERT	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
TSICLE Street Mental	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	
offers the stand of the stand o	ME	(AT HOME: STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STA
TENDS of the second of the sec		220. certify that (I) (this hospital) attended the deceased from OCI, 19 AI, to 2 ZI, sow the deceased alive on 12-21, and that in (my) (our) apinion death occurred on the date and how obave, (I)	19, that (I) (we are ond from the couses state
DIRECT DIRECT DEPT OF THEM 2		221 SIGNATURE DEGREE	22c. DATE SIGNED
PITAL by 19 JERAL State AMT	+	PHYSICIAN DIRECTOR PHYSICIAN PHYSICI	15-55-
O HOS Parined A Hoseld C		Gregory A. Compton, M.D. 14201 Laurel Pk. Dr. 104 La	ure1, Md. 20
- RP	23u. f	UPIAL CEMATION REMOVAL TO DATE # 1981 THE CEMETERY OF CREMATORY OF TOWN OF TOWN	1 couples Il
	1/	NEWAL DIRECTOR DE LA REGISTRARY DE REGISTRARY REGISTRAR	11/1001/100

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE L DECEASED NAME KNOWN X MONTH (TYPE OR PRINT) ESTI-DEATH MATED ROSE DENNIS 4. RACE DATE OF BIRTH 2d HOUR IF UNDER 24 HR 2c. DATE LAST BIRTHDAY DOMEAD TO THE PROPERTY OF THE FEMALE 1981 WHITE 11-14-99 82 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY U.S.A. Tenn. WIDOWED DIVORCED PRINCE ID. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Cheverly HOSPITAL CAR MAINTANCE RAILROAD **GENERAL** Pri. George 13d INSIDE CITY LIMITS? 130. STREET ADDRESS
YES X NO 1 12306 Starlight Lane Mary land Bow ie 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Jess MIDDLE Tay for Siot la Stewart 17 INFORMANT ADDBowie, Mary Tanc 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES 579-26-3681 John Dennis.Sr., 12306 Starlight no CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE D ATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ARTERIOSCI FROTIC CARDIOVASCULAR DISFASE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUÉ TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? BURI YES [E 3 SHOULD BE DEPARTMENT 8 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE 82 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK Inspection X Inquiry X 22s I certily that I took charge of the remains described above, held an Autopsy ond in my opinion death resulted from: Notural causes Homicide Undetermined monner TITLE (SPECIFY) DATE 12-13-81 Deputy Rodrie 5009 Rayburn Court, Temple Hills, Md. 23a BURIAL, CREMATION, REMOVAL 23b. DATE Ft. Lincoln Cemetery Brentwood, Maryland 24. FUNERAL DIRECTOR Home **DHMH-17** 16000 Annapolis Rd., Bowie . Md. (VR A15 ME (5)) 15M 2/80

11-14-00 80 .A. 2.U Tean. V. 1919:13

PRINCE OFFICES GENERAL HOSPITAL EN Maryland 271. Regree Bowle __

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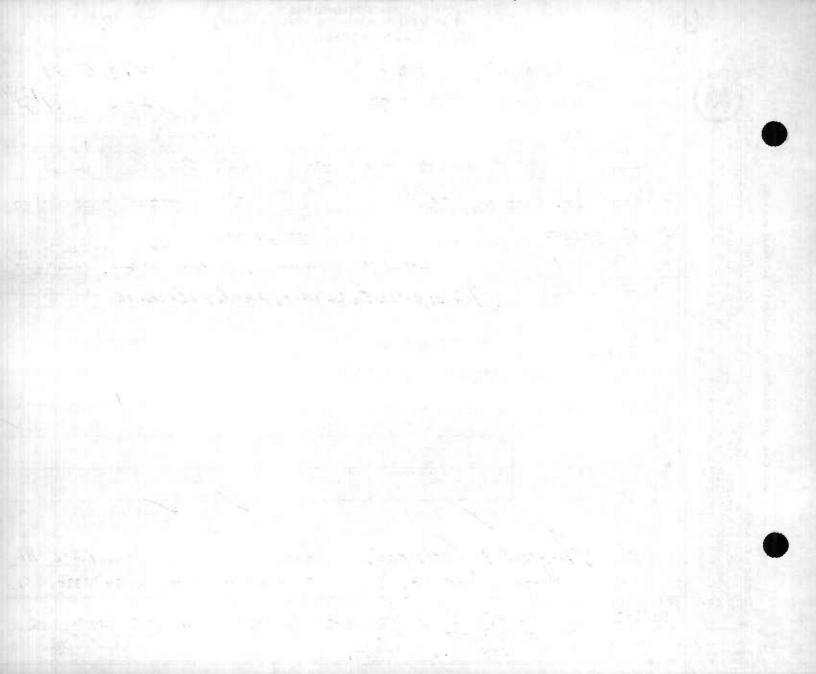
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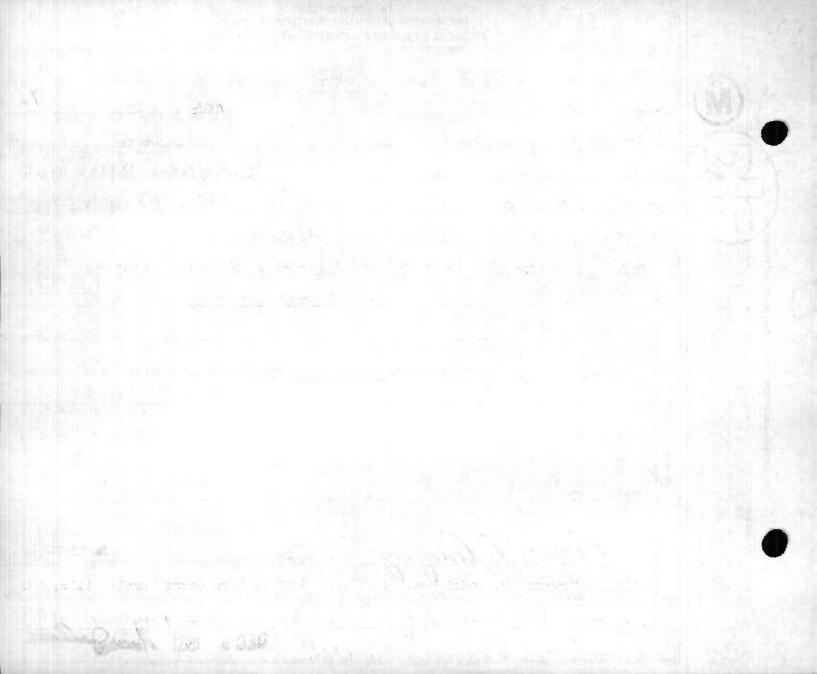
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12/15/81 Ft. Lincoln Cemetery Brentwood, Marylond Scall Functal Fome 16000 Ammunolis M., Boule, Mr.

6	11-	FOR STATE REGISTRAR			DEPARTMENT OF DICAL EXAMIN	HEALTH		0,0	REG. NO.	2 9 1	7 1
7×486		CEASED NAME E OR PRINT)	Flore	ence l'a	ry Dexter		LAST	2a. DATE OF DEATH	KNOWN MON ESTI- MATED	-	2b. HOUR
	3. SEX		aucasia	DATE OF BIRTH		ARS IF UN		MIN. PRONOUI	NCED 3	G 19 &	1238
NECESS FUNEDA 5 FOR W PREH	/a	RTHPLACE (STATE O REIGH COUNTRY) SSACHUSE	etts	U.S.A.		WIDOW		RIED .	ce Geor		MD.
URS AFTER DEATH. IF ANY DELAY IS URS AFTER DEATH. IF ANY DELAY IS URY FORM PM. 3. RETAIN PAGE 1. PAGES 1 AND 2. SHOULD BE FILED. DIVISION OF VITAL RECORDS. 201 V.	C:	ty or town of d linton	9	302 Su	SPITAL, NURSING HOM ICILITY, GIVE STREET ADDRESS) PRATTS LA	nor	Drive	FOR MOST OF WOR	PATION (TYPE OF WORKING LIFE)	K 12b. KIND OF E OR INDUS Home	
SAFIER DEATH. IF ANY DIGINE PAGES 1, 2, AND 3 TITLE FORM PM. 3. RETAIN PAGES 1 AND 2 SHOULD INISION OF VITAL RECOR	13a, S	il residence (if in interest) ryland	13b. COUNTY	orges	13c. CITY OR TOWN	ION)	13d. IHSIDE CITY LIMITS? YES NO		ss rratts	anor D	rive
RM PM 3. RM PM 3. 1 AND 2. S. 1 AND 2. S. 1 OF VITAL		THER'S NAME	kney	MIDDLE	LAST		15 MOTHER'S MAII Mary H	Evans	AIDDLE	LAST	
AFTER DESIVE PAGES 1, VISION OF VISI	16a. V	VAS DECEASED EVE ES, NO, OR UNKNOWN)	R IN U.S. ARME	D FORCES?	218-54-6		17. INFORMANT Arthur	E. Dexte	r Walder	- 11 - 0 - 11	Court
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS RECUTE THE CERTIFICATE. WRITING THE WORD "FENDING" IN PENCIL IN TIEM 18. G PAGE 4 SHOULD BE FORWARDED TO THE CHIFF MEDICAL EXAMINER ALONG WIT TO FUNET DEPLAY DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIV BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	Conditions, If gove rise to couse (a) statillying cause los	ony, which immediate ag the under-	CAUSE (5) (DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TERM	OF OF	DR CONDITION GIVEN IN I	teréuley c	tnione	BETWEEN ON!	TE INTERVAL SET AND DEATH
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CCUTE THE CERTIFICATE, EA SHOULD BE FORV FUNERAL DIRECTOR: R FER DEATH, WITH THE SI TIMORE, MARYLAND, S	es -	220 I certify the death resulted from ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT)	Mega	causes V,	cribed above, held on Accident , Su drigues, M	Autops	Hamicide TITLE (SPECIFY) Deputy	Undetermined mo	DAT AINER SIG	E 12-6	-81 Md.
Bb———	Bi	JRIAL, CREMATION PECIFICAL INTERAL DIRECTOR	Dec	. 9,198	23c NAME OF CE Bl Trinit Home. Inc	METERY O	crematory	23d. LOCATION CITY OR TOWN	aldorf 0	harles	STATE MD
OHMH-17 (VR A15 ME (3)63	3 0		ander		Rd., Clin	ton,	ID DE	- 0 1001	frame &	an Marth	P10



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24	1	REGISTRAR		ME	DICALE	XAMIN	ER'S CE	RTIFICA	TE OF DE	ATH	REG. NO.			
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W. CAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		lying cause		DOL 10, OK	A3 A CO14.	SEGOEIACE C	'r							
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MA BEAN	-	PART 2 OTNER SIGNI	IFICANT CONDITIONS C	CONTRIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TERMI	MAL DISEASE O	R CONDITION GIVE	N IN PART 1 (a).					
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D PERSTAG	23a. B	URIAL, CREMATIC	ON, REMOVAL 2	3b. DATE	23c. N	AME OF CEA	ETERY OR	CREMATORY	23d. L	OCATION Y OR TOWN	0	COUNTY	CT.	ATE
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JOS. GAWLER'S SONS 5130 WISC.AVE.NW. WASH., D.C.

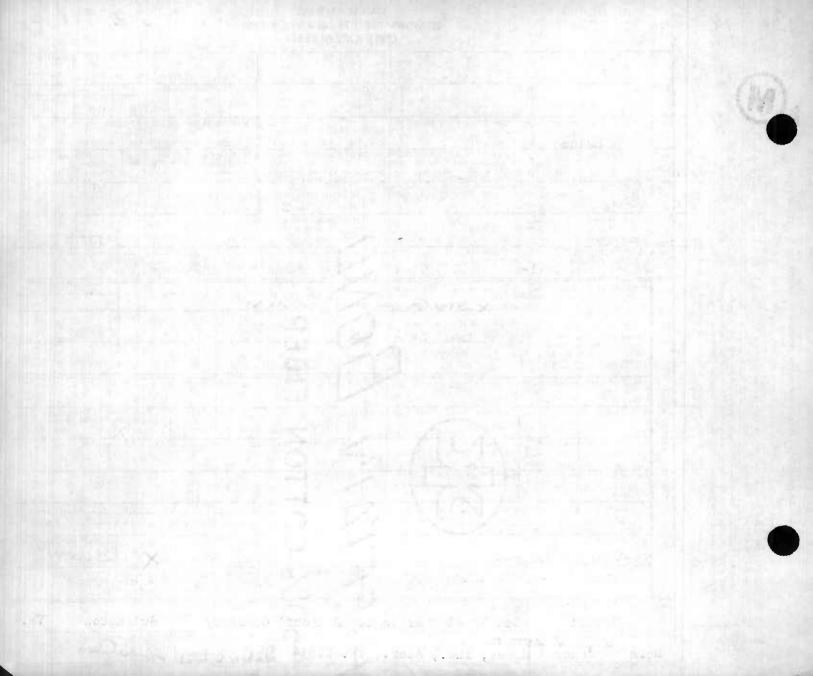
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST LAST 20 DATE OF DEATH MONTH YEAR 26 HOUR TYPE OR PRINT DUFAULT 1981 DEC 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR MALE CAU NOV 04 1920 61 70 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY ORO USA the fundament Maine WIDOWED DIVORCED PRINCE GEORGE'S COUNTY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY by th ANDREWS AFB, MD MALCOLM GROW USAF MEDICAL CENTER PILOT U.S. AIR FORCE USUAL RESIDENCE (IF NURSING IN AE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE

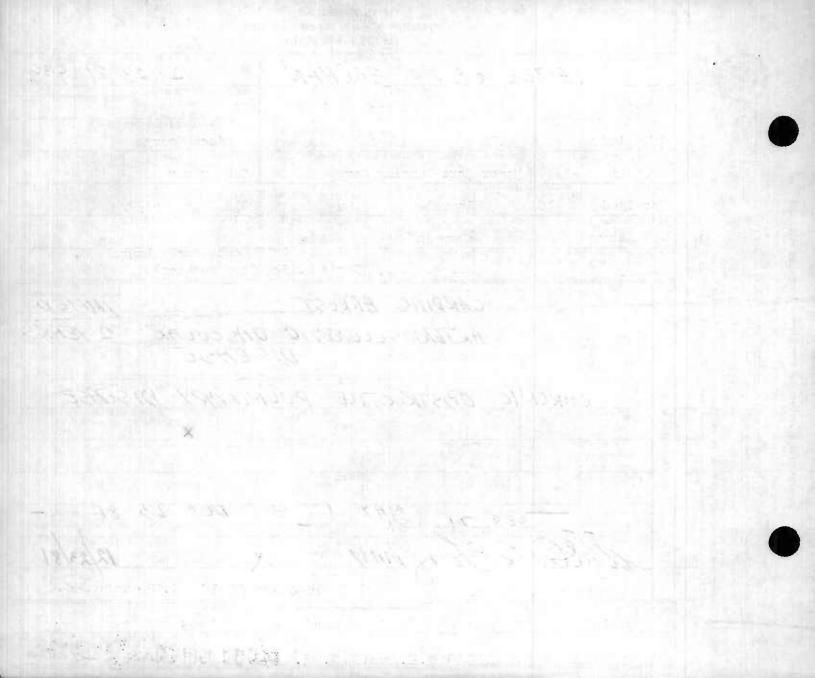
1131 CUTY OR TOWN filled ould b 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? NO X VIRGINIA FAIRFAX ANNANDALE YES F 4800 KINGSTON DR 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST puo FIRST MIDDLE LAST **JETTE** VERTIME DUFAULT AT.MA 160 WAS DECEASED EVER ARMED FORCES? 4800 KINGSTON DR 166. SOCIAL SECURITY NO 17. INFORMANT 1941 - 1973 020-07-0375 ALICE DUFAULT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c CARDIOPULMONARY ARREST PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ION CARDIOPULMUNIA DUE TO, OR AS A CONSEQUENCE OF OAT CELL CA Canditians, if any, which 6) OAT CELL gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF oth underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 9 prior 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? sho NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION ö 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK DEC 81 220.1 certify that (I) (this haspital) attended the deceased from $_{
m DEC}$ 81 , and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated saw the deceased alive an. above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED FUNERAL DII ATTENDING MEDICAL STAFF 23 DEC-81 DIRECTOR PHYSICIAN M. WATSON, CAPT, USAF, MC 22e ADDRESS IMPORT, 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Va. Dec 28 81 Arlington National Cemetery Arlington Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251. REGISTRAR SA GNATURE

Demaine Funeral Homes, Inc., Alex., Va. 22314

DHMH - 16 50M 1/B1 (VRA 15, 4)



STATE OF MARYLAND



Martell Adams Aquasco, Md. 20605

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

APPROXIMATE INTERVAL

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F. Gasch's Sons F.H. P.A. Hyatts. Md.

FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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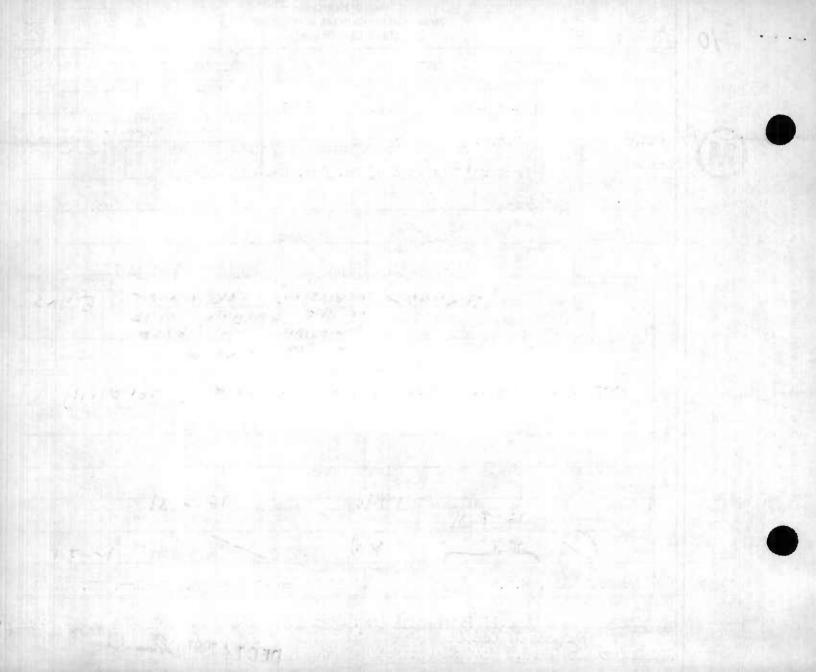
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500 University Blvd. West Silver Spring, Md.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

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1	FOR		DEPARTMENT OF HEAL	TH AND MENTAL HYG	IENE 5	2 1 0 4
	STATE REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE OF D	EATH REG. NO.	
	DECEASED NAME FIR	ST	MIDDLE	LAST		ONTH DAY YEAR 26 HOU
		ark	Ε.	Fifer	OF ESTI-	12 1819 81
. S	EX 4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS IF	UNDER 1 YR. IF UNDER 24 H	IRS. 2c. DATE MC	ONTH DAY YEAR 28 HOL
	Male White		1958 23 YRS.	INTHS DAYS HOURS MIN	PRONOUNCED DEAD	12 18 19 81 4:4
i.	BIRTHPLACE (STATE OR	76. CITIZEN OF W	HAT COUNTRY?	n6	9. BALTIMORE CITY OR CO	
	FOREIGN COUNTRY) MARYLAND	US		RRIED NEVER MARRIED	Prince Georg	anta County
10	CITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL NURSING HOME, OR O	THER INSTITUTION 1120	USUAL OCCUPATION LIVE OF W	VORK 1126, KIND OF BUSINESS
	Cheverly	Prince (Seorge's Genera	1 Hospital	FOR MOST OF WORKING LIFE)	OR INDUSTRY
U 5	UAL RESIDENCE HE IN NURSING H	OME OR OTHER INSTITUTION OF	GIVE RESIDENCE BEFORE ADMISSIONS			UPS
	STATE 136 C	P.G.	13c. CITY OR TOWN		STREET ADDRESS	
	FATHER'S NAME	1.4.	BINDENSBURG	YES NO 5	430 Taylor St	REET
17.	FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST
14-	DONALL WAS DECEASED EVER IN U.S	ABUED FORCES	FIFER	EDITH 17. INFORMANT	ADDRESS	Lucas
100	(YES, NO, OR UNKNOWN) (IF YES	GOVE WAR OR DATES)	166. SOCIAL SECURITY NO.	1,		
	NO 1	VA	220-70-5235	LAURA FIFER	SAME AS 13E	
	18 CAUSE OF DEATH (Ent. PART I DEATH WAS CA	er anly ane cause per line	e far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-		EDIATE CAUSE (a)	Blunt injury to	o Trunk		
1	8130		R AS A CONSEQUENCE OF			
	Canditians, if any, w					ALCOHOLD BE
	cause (a) stating the ur		R AS A CONSEQUENCE OF			
	lying cause last.	(c)				
	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1 a	d.	
N						
A	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
SER						YES XX NO []
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WA			HOW INJURY OCCURRED 1EN	HTER NATURE OF INJURY IN ITEM 18 PART 1	
A.	UNDERLYING XOR		M. MONTH DAY YEAR	driver in auto	/fixed object	impact
2010	21d. INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME. 1211 I	LOCATION		Hilbaci
3	WHILE NOT WHILE	Y Y	road R	t. 450. Annapo	olis Rd., by Whi	tofield Chanil
					n Ra.	.Lanham.Prince
	22a. I certify that I toak o	charge of the remains de		apsy XX Inspection	Inquiry L. and in i	George's Co.
	death resulted fram:	Natural causes	Accident XX, Suicide L	, Hamicide, Ur	ndetermined manner,	Maryland
	ACTUAL /1	10	0.4	TITLE (SPECIFY)		
1	SIGNATURE	rounce It	Colen	M.D. Assistant A	MEDICAL EXAMINER S	12-18-81
1	EXAMINER'S NAME		Dalas M.D	111	Dann Chuach	
			Dolan, M.D.	_ADDRESS	Penn Street	
23a	BURIAL, CREMATION, REMOV		23c. NAME OF CEMETERY	OR CREMATORY 23	LOCATION CITY OR TOWN	COUNTY STATE
L	CREMATION	12-21-81	Ft. LINCOLN	('REMISTRIZE!	ROPATHIAM	De mn
24.	FUNERAL DIRECTOR	ADDRESS	S	DATE REC'D), BY REGISTRAR (23). REGISTING	R'S SIGNATURE
	GRANT F.H. 9	013 ANNAPOLI	s Rd. LANHAM	Md.	4 1981 Frances	Jan / larther

STATE OF MARYLAND

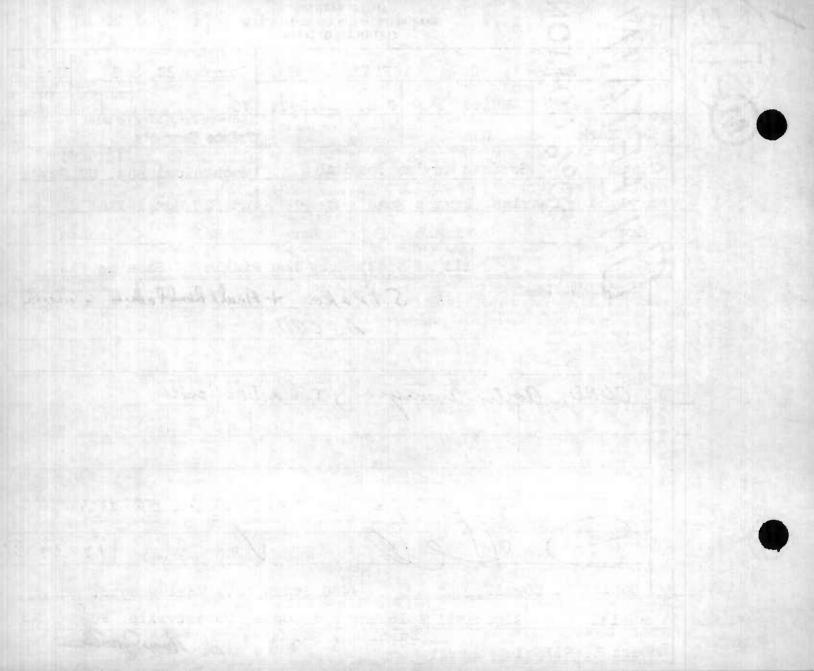
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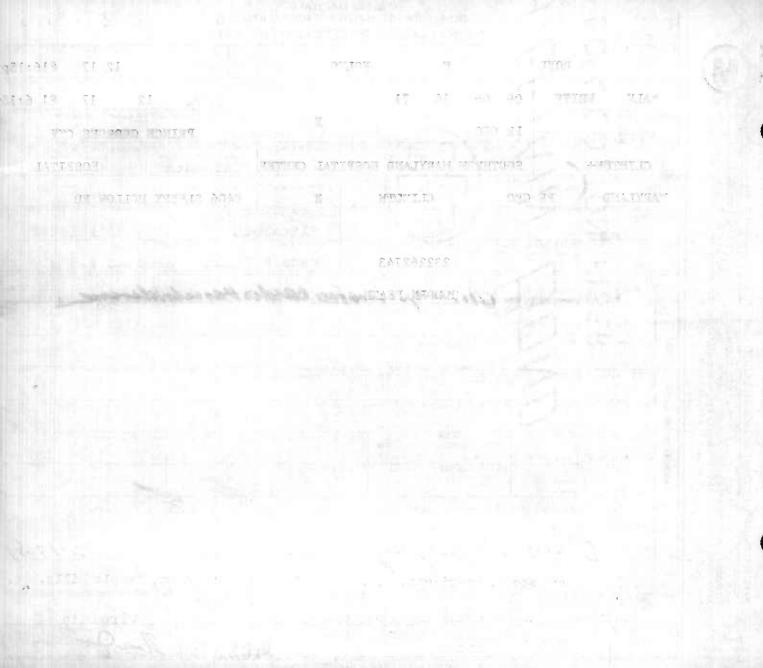
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF BOYD E FOLKS 17 19 816:15p DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 7d HOUR 2c DATE 71 YPS PRONOUNCED MALE WHITE 09 06 10 17 19 81 6:15 70. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Virginia USA WIDOWED [PRINCE GEORGES CTY DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LIVE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY CLINTON-SOUTHERN MARYLAND HOSPITAL CENTER Construct. Carpenter ND 2 SHOULD I USUAL RESIDENCE (IF IN URBING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND PR GEO CLINTON YES 8406 SLEEPY HOLLOW RD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Elizabeth McAllister Folks Thomas 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 232262743 Grace F Folks Same as #13 18 CAUSE OF DEATH (Enter only one cause per light far (a), (b), and (c).) BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D VATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: perio seleso tre cardio vas ento desca IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL -F HEALTH AND MEI AL, CREMATION, C lying cause last DIVISION OF VITAL RECORDS PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [9] 190. DATE OF OPERATION DED TO THE CHIEF AS SHOULD BE USED, E DEPARTMENT OF HE. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES CATE, WRITING 177.
FORWARDED TO THE C 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 71d INJURY OCCURRED 71f. LOCATION (AT HOME TO MELY THE CRITERION OF THE STATE OF THE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I took charge of the remains desembed above, held an Autopsy Inspection death resulted from: Notural causes Homicide ___ Undetermined monner TITLE (SPECIFY) Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 5009 Rayburn Court, Temple Hills, Md. Rodringez, M.D. gusto P 230 BURIAL, CREMATION, REMOVAL 236 DATE 73c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 21Dec1981 Hamilton Chapel Cem Burial Bolar BP 24 FUNERAL DIRECTOR RObert E 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S Wilhelm Funeral Home DHMH-17 Suitland Maryland (VR A15 ME (5) 15M 2/80



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnity should be detached for use as the burial-transity permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1-	FOR STATE REGISTRAR		DEPARTN	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE B	3 2	2 9	8 /
		CEASED NAME FIRST Nick	NON	MIDDLE		RANCIS	December 21		YEAR	4:40 P M
	3. SE	x Male	4 RACE White		5 DATE C		6. AGE (IN YEARS LAST BIRT		INDER FAR	IF UNDER 24 HRS
97	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY LAY		S. A.	1.3	NEVER MARRIED	Prince Geo			У MD.
36	-	inton				pital Center	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING (IFE)	INDUSTRY	Store
47	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE No. Coun	OTHER INSTITUTION. NTY	GIVE RESIDENCE BEFORE	N	13d INSIDE CITY LIMITS? YES NO 🗌	13e STREET ADDRESS 2434 L'Enfa	nt Sqr.		
01		THER'S NAME FIRST Michele	MIDDLE DeF	rancesco		15. MOTHER'S MAIDEN NA/ FIRST Maria	WE	De Fi	rances	ST
3	I 6a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	577-05-		17. INFORMANT Yolande Fran	ADDRE		Sor.	Wash.,D.
	NOI	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (6), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT (D BY: TE CAUSE (o) DUE TO, O (b) DUE TO, O (c)	RAS A CONSEQUE	NCFOF	on Live	A Neta		5	IMATE INTERVAL ONSET AND DEATH
9	CERTIFICATI	190. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WIN CERTIFYIN		
9	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (15 EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.	M. MONTH DA M.	Y YEAR	211. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
0	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (1) (this hospi saw, the deceased alive an obsive, (1) (we (did)-(did no 22b. SONATURE	_ /	3 . /	-	d that in (my) (our) apinion of	/	F	,	1
CAL	5	22d. PHYSICIAN'S NAME (TYPE O				22e. ADDRESS 9131 Piscata		inton M	aryla	nd
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 12/24/	/81 Re	surre	emetery or Crematory	23d LOCATION CITY OR TOWN Clinton	Pri	ounty nce G	eorge Md
	Ge	uneral director corge P Kalas F	uneral H	Iome ADDRESS	ton H	on Hill RESULC	24 1981	256. REGISTRAI	R'S SIGNA	arthere

ADDRESS OXON Hill, Md

RIDEL 24 1981 Trancas Jan

BP DHMH-16 30M 2/80 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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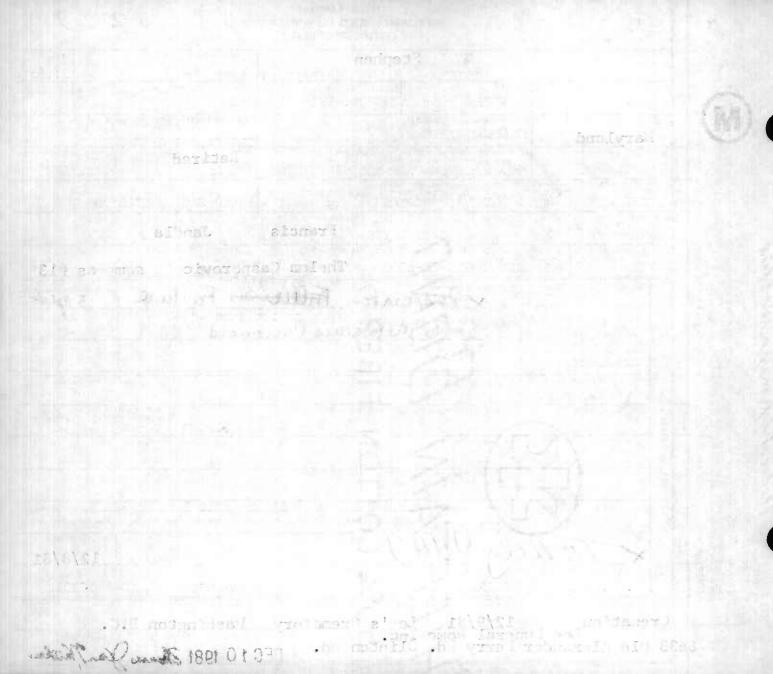
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

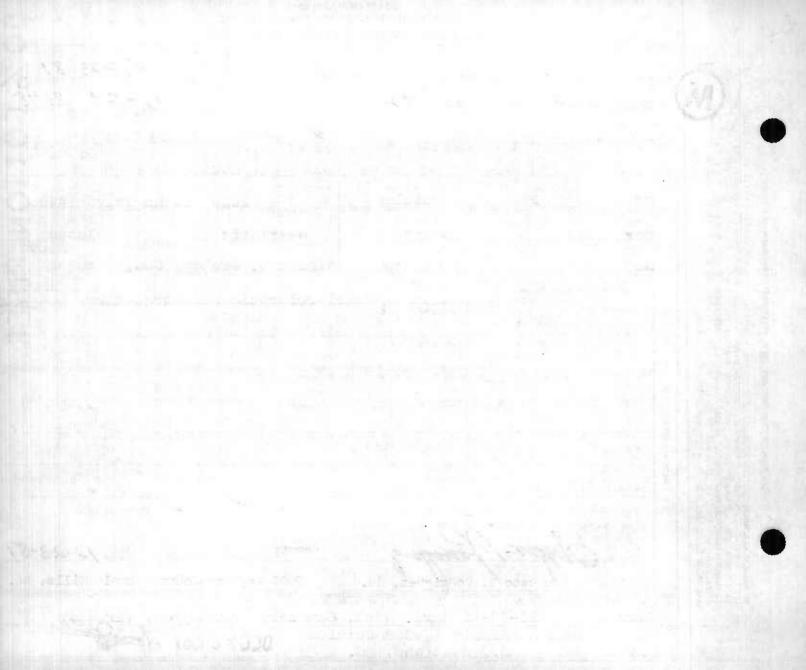


	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3 2 9 9
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TENDING train or of OR. After or use os f Health	22a.1 certify that (I) (this hasp	n DEC 11 1981 and that in (my) (auc) opinion	n death occurred on the date and have and from the causes stated
TAL C.: ATTE y the hospite RAL DIRECTO detoched for oute Dept of 1	The Sangues Bre	whan A MD DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN PEC/2, 1981
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TYPE OR PRINT) ESTI-DEATH MATED Lucy Graham 4. RACE AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS PRONOUNCED 3-99 82-YRS DEAD Female a BIRTHPLACE 7b. CITIZEN OF WHAT COUNTR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Virginia WIDOWED I DIVORCED USA Prince George's ES 1, 2, AND 3 TO THE FUN 1 PM 3. RETAIN PAGE 5.F AND 2 SHOULD BE FILED TAUTAL RECORDS, 201 W. ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION I TYPE OF WORK I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Suitland Housewife 2020 Brooks Drive #433 13a. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. PG Suitland NO [2020 Brooks Drive 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Cornelius Henrietta Baldson Lowery 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS Above DIVISION YES, NO, OR UNKNOWN) { IF YES, GIVE WAR OR DATES} Unknown Albert G. Graham, Son, Same as 18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEAITH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Disease Conditions, il any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CREMINICATE, WRITING THE WORD "PROGE 4 SHOULD BE FORWARDED TO THE CHIEF! TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL. 2D AUTOPSY? YES [] 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY 211. LOCATION I AT HOME STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held on Autopsy Inspection Natural causes Homicide death resulted from: Undetermined manner TITLE (SPECIFY) 12-23-81 SIGNATURE MEDICAL EXAMINER ADDRESS 5009 Rayburn Court, Temple Hills, Md. EXAMINER'S NAME guez, Md. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPECIFY) 12-28-81 Arlington, Virginia Burial Arl. Natl. Cemetery 24 FUNERAL DIRECTOR RObt E Wilhelm 4308 Suitland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAD SI **DHMH-17** (VR A15 ME (5)) Rd., Suitland. Funeral Home Md 15M 2/80



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STATE OF MARYLAND

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MED NOTE TO SEE	EXAMINER'S NAME AUGUSTO P. Rodrigviz, M. D. ADDRESS 5009 Rayburn Ct., Temple Hill	9										
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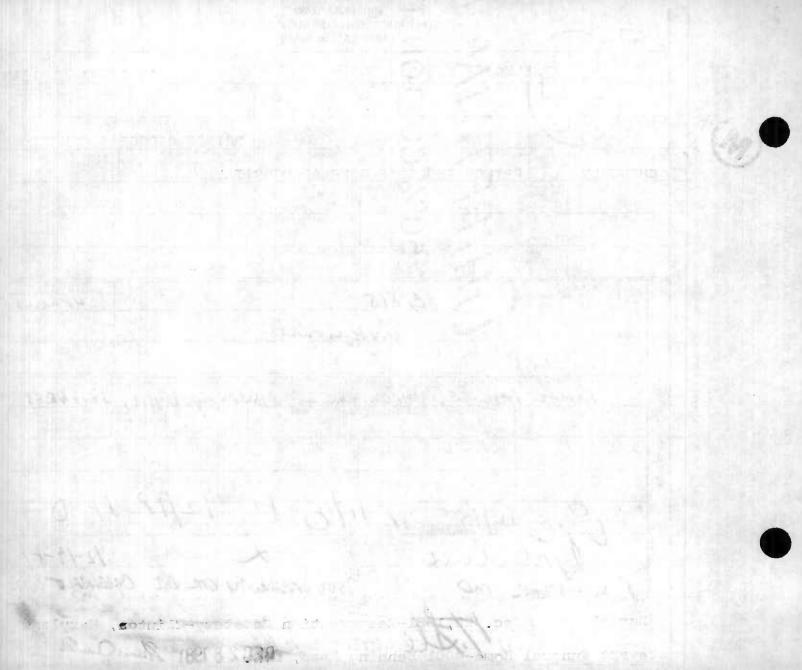
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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER PEATH, WITH THE SHOULD BE ALTIMORE, MARYLAND.		EXAMINER'S NAM	AUGUSTO	P . RO	DRIGUEZ .	M.D.	5000	RAYBURN CT.	CAMP CDD*				
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FOR

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME O DATE KNOWN XX (TYPE OR PRINT) ESTI-Jefferv Cornell Grice DEATH MATED 171981 4 RACE DATE LAST BIRTHDAY) PRONOUNCED Jan. 29, 1950. 31 YRS Male Black DEAD 17 1981 Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USED AS A BURIAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5. FOR HEALTH AND AS A BURIAL - TRANSIT PERMIT. PAGES 1-AND 2 SHOULD BE FILED. WITH OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 201 W. PERMIAL, CREMATION, OR REMOVAL. FOREIGN COUNTRY Washington, D/C. USA Prince George's WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Standish Salesman 6831 Landover Hills Dept. Store 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland | Prince George Chillum 824 Berkshire Sprive NO 🗌 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Cornell Grice Marie Ashford 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 824 Berkshine 16b SOCIAL SECURITY NO 7. INFORMANT (YES, NO, OR UNKNOWN) 578-68-8461 None Mr. Cornell Grice, Father Dr. Chillum, Mc 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Shotgun wound to Chest DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION E, WRITHNOST THE COMMERCED TO THE COMMERCED AS SHOULD BE USED AS COTATE DEPARTMENT OF HEALT COMMERCED BURIEL, COMMERCED 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES XX NO T 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXX MONTH DAY UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 5: 30P.M. subject was shot TIE PLACE OF INJURY 211. LOCATION STREET, FACTORY, FARM, ETC.) AT WORK NOT WHILE XX Standish Drive, Landover Hills, Prince House TO MEDICAL EXAMINER: THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SIT, BALTIMORE, MARYLAND, 2' George's Co., Autopsy XX 22a. I certify that I took charge of the remains described above, held on HamicideXX death resulted from: Undetermined manner TITLE (SPECIFY) ACTUAL Mn Assistant 12-18-81 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street TYPE OR PRINT 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Dec. 23, 1981 Fort Lincoln Cemetery Bladensburg. PG Cty., Md. 24. FUNERAL DIRECTOR **DHMH-17** W.W. CHAN BERS CO., 8655 Ga., Ave., SS Md. (VR A15 ME (5)) 15M 2/80

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111 - 11	(SPECIFY) Buria	AATION, REMOVAL	12/9/81				CREMATORY	23d. LOC CITY OR	TOWN	5	COME	STA	TE 4 0					
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DHMH - 17 (VR A15 ME (5))	NAME				Hill F		163		A PINA	NAME OF THE OWNER, OWNE								
(VR A15 ME (5)) 15M 2/80	George	P. Kalas	Funeral Ho	me	Oxon E	ILLI,	Md.											

. . . . in vivanne Yourst add it. Negatie than 1222 to the Property of the Property obert J. Vill'ith Verne'r no bwil liveli-17.5 Howest J. welfait. Jr. givernie, No. distributed to the supplier introduction of the supplier in th Coor of the Empire Pureral range (Mon Hill, Mr.

0	12	-1					STATE OF MARYLAND												
8	74	1	FOR STATE						AND MENTAL			5	3	UU	3				
			REGISTRAR		ME		EXAMIN	ER'S C	CERTIFICATE (OF DEA	H	REG. NO.		3					
43-7			DECEASED NAM (TYPE OR PRINT)		MIDDLE LAST 20. DATE KN								HINOM	DAY YEAR	2b. HOUR				
61/62	1			V ERYI	BERNICE GRILLO DEATH MATED X 1									4 1981	M				
	(1973).	3.	Female	4 RACE	5. DATE OF BIRTH	6. AGE (IN				MIN P	C. DATE	D	HINOM	DAY YEAR	2d HQUR				
	\$535% I			WHITE	1-6-16		65 YR	S.		b	OAPEAD		12-1		G M				
	SES EES	70	BIRTHPLACE (S	STATE OR	76. CITIZEN OF W	7b. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12b. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)									101111111111111111111111111111111111111				
	ASSES O		Missou												S MD.				
	2年最高 /	10	CITY OR TOWN	OF DEATH	11. NAME OF HOS										USINESS				
	SE POR	T	CHEVERL		PRINCE GE	- 1	UD												
100	OPE DE	130	STATE	13b COUN	OR OTHER INSTITUTION G	13c. CITY	OR TOWN	IN)	113d. INSIDE CITY LIMITS?		T ADDRESS				411				
- 16	○ 報表商者を	3	Md.	I	PG		Dist. Hgts,		YES NO			tergreen Avenue							
QV GW	H. H. J. 2, 2, 2, 2, 5, 2, 5, 5, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,	14	FATHER'S NAM	E	WIDDLE		LAST		15. MOTHER'S MAID	DEN NAME	MIDDL								
LA.	A P P SES	201	Joseph	1		Ausband			Toledo			600	M	lilcher					
N N	ORA ON ON	1 16	WAS DECEASE	DEVER IN U.S. AR	MED FORCES?		IAL SECURITY		17. INFORMANT		6	Same	26	as Above					
TIV	AFT SIVE AGE	1	Yes	, WW	П	368	07 937	3	Joseph R	. Gri									
	D BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELY ENDING" THE PRINCIL IN TIEM 18. GIVE PAGES 1, 2, AND 310 MEDICAL EXAMINER ALONG WITH FORM PM, 3. EFTEN BAS A BURIAL - TRANSIT PREMIT PAGES 1 AND 2.SHOULD BE EAITH AND MENTAL HYGIENE, DIVISION OF VITAL PROMEDS. CREMATION, OR REMOVAL.		18 CAUSE C	OF DEATH (Enter or	nly one cause per line	for (a), (b)), and (c).)							APPROXIMA	TE INTERVAL ET AND DEATH				
Z	E E E E E E E E E E E E E E E E E E E		PARITO	EATH WAS CAUSE	TE CAUSE (a) AR	ERIOS	CLEROT	IC C	ARDIOVASCU	ILAR D	ISFASE			Bettitete	T AIRD DI AIR				
STO	A A A A A A A A A A A A A A A A A A A		142	92	DUE TO, OR	AS A CON	SEQUENCE C)F				5 10 25	er in		Se Sent				
0	AANS ANS AELT			ins, if any, which															
3	KAMIL NOR		couse (o) stoting the under-	S	AS A CON	ISEQUENCE C	F											
201	ON SAL		lying co	use lost	(c)									1000					
SO	AANGE		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMI	NAL OISEASI	OR CONDITION GIVEN IN P	ART 1 (o).									
0	HOULD BE EXPENDING THE MEDICAL CHIEF MEDICAL COF HEALTH / JRIAL, CREW	3																	
-	SHOULD E ORD "PEN CHIEF ME E USED A T OF HEAL		19a. DATE OI	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?										20 AUTOPS	(?				
¥ į	SSE SE	4		YES NO X									NOX						
DIVISION OF VIT	INER: THIS CERTIFICATE SHOULD IGATE. WAS THE STORY THE WORD "THE FORWARDED TO THE CHIEF ME TO BE ASSED AND, 21201 PRIOR TO BURIAL, CAND, 21201 PRIOR TO BURIAL, C	5	210 EXTERNA	EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)															
NO	OR TO THE OF THE	2	UNDERLYING	OR OR															
SS	PRI STEP		21d INJURY	OCCURRED	21e PLACE	OF INJURY			CATION										
ā	ARB ARB	1	WHILE AT WORK	NOT WHILE		TORT, FARM, E	10.)	,	IREE		CITY OR TOWN		COUN	414	STATE				
	RE THE PREST OF PREST PR		220 Least	ifu that I taak share	ge of the remains des	esibad aba	un haldaa	Autop	sy , Inspection		Inquiry X	1							
	A S S S S S S S S S S S S S S S S S S S		death result		ral causes X	Accident		cide	Homicide .				in my opin	nion					
	NAT NATIONAL STATES		Geom reson	1	rorcooses (A),	Accident	, 304	ilde [TITLE (SPECIFY)	Undeter	mined manne	37							
	M. W.		ACTUAL SIGNATURE	Tough	usto YX	tru	1un		Deputy				DATE	12-14-	-21				
	SEA SEA	2	- SIGNATURE.		1	1	1		.0	MEDIC	AL EXAMINE	:R	SIGNED	12 11	01				
	TER FUN	2	EXAMINER'S (TYPE OR PRI		sto P. Ro	dribb	ez. M.I).	ADDRES 009 R	avburr	Court	Ter	mnle	Hills.	Md.				
	TO MEDICAL EXAMINER: THE EXCUTE THE CERTIFICATE, NAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE STABBATTIMORE, MARYLAND, 21	23		TION, REMOVAL	23b. DATE				R CREMATORY	23d. LOC									
00	CRP		Cremat	ion	12-18-83				Cremato		Suitla	and	COUNT	and	STATE				
-1		24	FUNERAL DIREC	TOR Robt					land 250. ME		EGISTRAR I	2000	1	STATUTE -					
	DHMH - 17 (VR A15 ME (5))		Funera	1 Home	Hopingua		land.		N.E.	in h T	1301	- SCHOOL	1						
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V GROV. PERMITOR GREEKLED MINIM MINGE & MALE STIFE INTE DOM 12-14 81 6 PRINCE GEORGES CHEMELLY SCHOOL GEORGES GENERAL LOSSITAL ARTERIOSCIEROTIC CARLICVASCULAR DISTAST 12-14-01